

# Prison Rape Elimination Act (PREA) Audit Report Juvenile Facilities

☐ Interim ☒ Final

**Date of Interim Audit Report:** Click or tap here to enter text. ☒ N/A

*If no Interim Audit Report, select N/A*

**Date of Final Audit Report:** November 15, 2020

## Auditor Information

**Name:** Natasha Mitchell

**Email:** nshaferdu@gmail.com

**Company Name:** J&F Collaboration and Consulting, LLC

**Mailing Address:** PO Box 110993

**City, State, Zip:** Aurora, CO 80042-0993

**Telephone:** 720-371-2172

**Date of Facility Visit:** September 23-24, 2020

## Agency Information

**Name of Agency:** Texas Juvenile Justice Department

**Governing Authority or Parent Agency (If Applicable):**

**Address:** 11209 Metric Blvd

**City, State, Zip:** Austin, Texas 78758

**Mailing Address:** 11209 Metric Blvd

**City, State, Zip:** Austin, Texas 78758

**The Agency Is:**

☐ Military

☐ Private for Profit

☐ Private not for Profit

☐ Municipal

☐ County

☒ State

☐ Federal

**Agency Website with PREA Information:** <https://www.tjjd.texas.gov/index.php/prea>

## Agency Chief Executive Officer

**Name:** Camille Cain

**Email:** Camille.cain@tjjd.texas.gov

**Telephone:** 512-490-7004

## Agency-Wide PREA Coordinator

**Name:** Carla Bennett Wells

**Email:** Carla.bennett.wells@tjjd.texas.gov

**Telephone:** 254-297-8226

**PREA Coordinator Reports to:**

Terri Dollar

**Number of Compliance Managers who report to the PREA Coordinator:**

11

## Facility Information

**Name of Facility:** Edna Tamayo Halfway House

**Physical Address:** 1438 N. 77th Sunshine Strip **City, State, Zip:** Harlingen, Texas 78550

**Mailing Address:** 1438 N. 77th Sunshine Strip **City, State, Zip:** Harlingen, Texas 78550

<b>The Facility Is:</b>	<input type="checkbox"/> Military	<input type="checkbox"/> Private for Profit	<input type="checkbox"/> Private not for Profit
<input type="checkbox"/> Municipal	<input type="checkbox"/> County	<input checked="" type="checkbox"/> State	<input type="checkbox"/> Federal

**Facility Website with PREA Information:** <https://www.tjtd.texas.gov/index.php/prea>

**Has the facility been accredited within the past 3 years?** ☐ Yes ☒ No

**If the facility has been accredited within the past 3 years, select the accrediting organization(s) – select all that apply (N/A if the facility has not been accredited within the past 3 years):**

- ☐ ACA
- ☐ NCCHC
- ☐ CALEA
- ☐ Other (please name or describe: \_\_\_\_\_)
- ☒ N/A

**If the facility has completed any internal or external audits other than those that resulted in accreditation, please describe:**  
Click or tap here to enter text.

### Facility Administrator/Superintendent/Director

**Name:** Eduardo Garza

<b>Email:</b> eduardo.garza@tjtd.texas.gov	<b>Telephone:</b> 956-425-6567
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### Facility PREA Compliance Manager

**Name:** Carlos Garcia

<b>Email:</b> carlos.garcia@tjtd.texas.gov	<b>Telephone:</b> 956-425-6567
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**Facility Health Service Administrator** ☒ N/A

**Name:**

<b>Email:</b>	<b>Telephone:</b>
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### Facility Characteristics

<b>Designated Facility Capacity:</b>	19
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Current Population of Facility:	7	
Average daily population for the past 12 months:	16	
Has the facility been over capacity at any point in the past 12 months?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Which population(s) does the facility hold?	<input type="checkbox"/> Females <input checked="" type="checkbox"/> Males <input type="checkbox"/> Both Females and Males	
Age range of population:	14-18	
Average length of stay or time under supervision	3 months	
Facility security levels/resident custody levels	Medium	
Number of residents admitted to facility during the past 12 months	91	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 72 hours or more:	81	
Number of residents admitted to facility during the past 12 months whose length of stay in the facility was for 10 days or more:	79	
Does the audited facility hold residents for one or more other agencies (e.g. a State correctional agency, U.S. Marshals Service, Bureau of Prisons, U.S. Immigration and Customs Enforcement)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Select all other agencies for which the audited facility holds residents: Select all that apply (N/A if the audited facility does not hold residents for any other agency or agencies):	<input type="checkbox"/> Federal Bureau of Prisons <input type="checkbox"/> U.S. Marshals Service <input type="checkbox"/> U.S. Immigration and Customs Enforcement <input type="checkbox"/> Bureau of Indian Affairs <input type="checkbox"/> U.S. Military branch <input type="checkbox"/> State or Territorial correctional agency <input type="checkbox"/> County correctional or detention agency <input type="checkbox"/> Judicial district correctional or detention facility <input type="checkbox"/> City or municipal correctional or detention facility (e.g. police lockup or city jail) <input type="checkbox"/> Private corrections or detention provider <input type="checkbox"/> Other - please name or describe: <input checked="" type="checkbox"/> N/A	
Number of staff currently employed by the facility who may have contact with residents:	26	
Number of staff hired by the facility during the past 12 months who may have contact with residents:	5	
Number of contracts in the past 12 months for services with contractors who may have contact with residents:	3	
Number of individual contractors who have contact with residents, currently authorized to enter the facility:	5	
Number of volunteers who have contact with residents, currently authorized to enter the facility:	0	

Physical Plant	
<b>Number of buildings:</b>  Auditors should count all buildings that are part of the facility, whether residents are formally allowed to enter them or not. In situations where temporary structures have been erected (e.g., tents) the auditor should use their discretion to determine whether to include the structure in the overall count of buildings. As a general rule, if a temporary structure is regularly or routinely used to hold or house residents, or if the temporary structure is used to house or support operational functions for more than a short period of time (e.g., an emergency situation), it should be included in the overall count of buildings.	2
<b>Number of resident housing units:</b>  Enter 0 if the facility does not have discrete housing units. DOJ PREA Working Group FAQ on the definition of a housing unit: How is a "housing unit" defined for the purposes of the PREA Standards? The question has been raised in particular as it relates to facilities that have adjacent or interconnected units. The most common concept of a housing unit is architectural. The generally agreed-upon definition is a space that is enclosed by physical barriers accessed through one or more doors of various types, including commercial-grade swing doors, steel sliding doors, interlocking sally port doors, etc. In addition to the primary entrance and exit, additional doors are often included to meet life safety codes. The unit contains sleeping space, sanitary facilities (including toilets, lavatories, and showers), and a dayroom or leisure space in differing configurations. Many facilities are designed with modules or pods clustered around a control room. This multiple-pod design provides the facility with certain staff efficiencies and economies of scale. At the same time, the design affords the flexibility to separately house residents of differing security levels, or who are grouped by some other operational or service scheme. Generally, the control room is enclosed by security glass, and in some cases, this allows residents to see into neighboring pods. However, observation from one unit to another is usually limited by angled site lines. In some cases, the facility has prevented this entirely by installing one-way glass. Both the architectural design and functional use of these multiple pods indicate that they are managed as distinct housing units.	1
<b>Number of single resident cells, rooms, or other enclosures:</b>	NONE
<b>Number of multiple occupancy cells, rooms, or other enclosures:</b>	6
<b>Number of open bay/dorm housing units:</b>	NONE
<b>Number of segregation or isolation cells or rooms (for example, administrative, disciplinary, protective custody, etc.):</b>	NONE
<b>Does the facility have a video monitoring system, electronic surveillance system, or other monitoring technology (e.g. cameras, etc.)?</b>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Has the facility installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology in the past 12 months?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Medical and Mental Health Services and Forensic Medical Exams	
<b>Are medical services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Are mental health services provided on-site?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

<p><b>Where are sexual assault forensic medical exams provided? Select all that apply.</b></p>	<p><input type="checkbox"/> On-site</p> <p><input checked="" type="checkbox"/> Local hospital/clinic</p> <p><input type="checkbox"/> Rape Crisis Center</p> <p><input type="checkbox"/> Other (please name or describe: _____)</p>	
<p><b>Investigations</b></p>		
<p><b>Criminal Investigations</b></p>		
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting CRIMINAL investigations into allegations of sexual abuse or sexual harassment:</b></p>	<p>1</p>	
<p><b>When the facility received allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), CRIMINAL INVESTIGATIONS are conducted by: Select all that apply.</b></p>	<p><input type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>	
<p><b>Select all external entities responsible for CRIMINAL INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for criminal investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input checked="" type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input checked="" type="checkbox"/> Other (please name or describe: <b>Office of Inspector General</b>)</p> <p><input type="checkbox"/> N/A</p>	
<p><b>Administrative Investigations</b></p>		
<p><b>Number of investigators employed by the agency and/or facility who are responsible for conducting ADMINISTRATIVE investigations into allegations of sexual abuse or sexual harassment?</b></p>	<p>1</p>	
<p><b>When the facility receives allegations of sexual abuse or sexual harassment (whether staff-on-resident or resident-on-resident), ADMINISTRATIVE INVESTIGATIONS are conducted by: <i>Select all that apply</i></b></p>	<p><input type="checkbox"/> Facility investigators</p> <p><input type="checkbox"/> Agency investigators</p> <p><input checked="" type="checkbox"/> An external investigative entity</p>	
<p><b>Select all external entities responsible for ADMINISTRATIVE INVESTIGATIONS: Select all that apply (N/A if no external entities are responsible for administrative investigations)</b></p>	<p><input type="checkbox"/> Local police department</p> <p><input type="checkbox"/> Local sheriff's department</p> <p><input checked="" type="checkbox"/> State police</p> <p><input type="checkbox"/> A U.S. Department of Justice component</p> <p><input checked="" type="checkbox"/> Other (please name or describe: <b>Office of Inspector General</b>)</p> <p><input type="checkbox"/> N/A</p>	

# Audit Findings

## Audit Narrative (including Audit Methodology)

*The auditor's description of the audit methodology should include a detailed description of the following processes during the pre-onsite audit, onsite audit, and post-audit phases: documents and files reviewed, discussions and types of interviews conducted, number of days spent on-site, observations made during the site-review, and a detailed description of any follow-up work conducted during the post-audit phase. The narrative should describe the techniques the auditor used to sample documentation and select interviewees, and the auditor's process for the site review.*

### Introduction

The Prison Rape Elimination Act (PREA) onsite audit of the Edna Tamayo Halfway House was conducted on September 23-24, 2020. The Edna Tamayo is located 1438 N. 77<sup>th</sup> Sunshine Strip, Harlingen, Texas 78550. The audit was conducted by Natasha Mitchell from Henderson, Colorado who is a U.S. Department of Justice Certified PREA Auditor for juvenile and adult facilities. The auditor conducted the audit as a single auditor with no additional support staff. The auditor contracted with the Texas Juvenile Justice Department (TJJD) to conduct the Edna Tamayo audit. The contract was signed between the Auditor and TJJD on July 20 2020, and the auditor began communicating with the TJJD PREA Coordinator soon after. Edna Tamayo is participating in their third PREA audit since the implementation of the PREA standards.

### Audit Methodology Pre-Onsite Audit Phase

Prior to the onsite audit, the auditor-initiated discussions concerning the logistics for preparing for the onsite audit as well as the presence of the auditor onsite. During the conversations in July and August TJJD and the auditor were preparing to implement the COVID-19 safety protocols in accordance with the State of Texas. The PREA Coordinator monitored the COVID-19 cases within the facility, community as well as the State of Texas. Given the continued need to quarantine residents and implement social distancing practices to prevent the transmission of COVID-19 to the Edna Tamayo staff member and residents, the PREA Coordinator and Auditor agreed to conduct a virtual audit.

### Notice of Audit Posting

The audit notice was forwarded to Edna Tamayo on August 9, 2020. The audit notices were posted throughout the facility and the PREA Coordinator provided the auditor with pictures of the posted notices via email on August 11, 2020. The audit notices were posted throughout the facility, in places visible to all residents and staff, including in housing unit areas, facility entrance, and administration areas. Further verification of the notice's placement was made through observation during the virtual onsite tour. The audit notices include a statement regarding confidentiality of resident and staff correspondence with the auditor and provides them with the auditor's contact information via post office box and email. The auditor did not receive confidential correspondence from anyone during any phase of the audit.

The auditor received the Pre-Audit Questionnaire (PAQ) on September 2, 2020 and additional supporting documentation was provided over a few days after receipt of the PAQ. The Pre-Audit Questionnaire has a completion date of August 20, 2020. The documentation was provided to the auditor through a TJJD secure platform that required auditor to create an account that was password protected. The auditor reviewed the Pre-Audit Questionnaire, policy, procedures, and supporting documentation prior to the initiation of the audit. Using the Auditor Compliance Tool and Checklist of Documentation, the auditor's initial analysis and review of the information determined TJJD policies

include language that requires Edna Tamayo to adhere to the juvenile PREA standards; and Edna Tamayo implemented protocols for the detection, prevention and response to sexual abuse and sexual harassment.

#### Requests of Facility Lists

Edna Tamayo provided the following information for interview selections and document sampling:

Complete resident roster	A resident roster for all residents at Edna Tamayo was provided on September 23, 2020
Residents with disabilities	0
Residents who are Limited English Proficient (LEP)	0
LGBTQI residents	0
Residents in segregated housing	Not applicable
Residents in isolation	Not applicable
Residents who reported sexual abuse	0
Residents who reported sexual victimization during risk screening	0
<b>Edna Tamayo Staff Rosters</b>	
Complete Staff roster	25
Specialized Staff	9
Contractors who have contact with residents	2
All volunteers who have contact with residents	1
All grievances/allegations made in the previous 12 months	0
All allegations of sexual abuse and sexual harassment reported for investigation in the previous 12 months	0
<b>External Contacts</b>	
The following external contacts were made:	
Advocacy and SAFE/SANE Programs	Women's Shelter of South Texas dba The Purple Door
Valley Baptist Medical Center, Harlingen	The auditor contacted the hospital emergency room at 956-389-1100

#### Research

- A google search for news articles shows there were no reports of sexual abuse or sexual harassment regarding the Edna Tamayo Halfway House during the previous 12 months.

### Family Code

#### Chapter 261. Investigation of Report of Child Abuse or Neglect

##### SUBCHAPTER B. REPORT OF ABUSE OR NEGLECT; IMMUNITIES

Sec. 261.101. PERSONS REQUIRED TO REPORT; TIME TO REPORT. (a) A person having cause to believe that a child's physical or mental health or welfare has been adversely affected by abuse or neglect by any person shall immediately make a report as provided by this subchapter.

(b) If a professional has cause to believe that a child has been abused or neglected or may be abused or neglected, or that a child is a victim of an offense under Section [21.11](#), Penal Code, and the professional has cause to believe that the child has been abused as defined by Section [261.001](#), the professional shall make a report not later than the 48th hour after the hour the professional first suspects that the child has been or may be abused or neglected or is a victim of an offense under Section [21.11](#), Penal Code. A professional may not delegate to or rely on another person to make the report. In this subsection, "professional" means an individual who is licensed or certified by the state or who is an employee of a facility licensed, certified, or operated by the state and who, in the normal course of official duties or duties for which a license or certification is required, has direct contact with children. The term includes teachers, nurses, doctors, day-care employees, employees of a clinic or health care facility that provides reproductive services, juvenile probation officers, and juvenile detention or correctional officers.

(b-1) In addition to the duty to make a report under Subsection (a) or (b), a person or professional shall make a report in the manner required by Subsection (a) or (b), as applicable, if the person or professional has cause to believe that an adult was a victim of abuse or neglect as a child and the person or professional determines in good faith that disclosure of the information is necessary to protect the health and safety of:

- (1) another child; or
- (2) an elderly person or person with a disability as defined by Section [48.002](#), Human Resources Code.

(c) The requirement to report under this section applies without exception to an individual whose personal communications may otherwise be privileged, including an attorney, a member of the clergy, a medical practitioner, a social worker, a mental health professional, an employee or member of a board that licenses or certifies a professional, and an employee of a clinic or health care facility that provides reproductive services.

(d) Unless waived in writing by the person making the report, the identity of an individual making a report under this chapter is confidential and may be disclosed only:

- (1) as provided by Section [261.201](#); or
- (2) to a law enforcement officer for the purposes of conducting a criminal investigation of the report.

## **Onsite Audit Phase**

### **Entrance Briefing**

An entrance briefing was held with the PREA Coordinator, Superintendent, Assistant Superintendent/PREA Compliance Manager, and two Senior Youth Development Coaches. Each participant introduced themselves, followed by the setting of the agenda for the virtual onsite audit. The auditor received reassurance that all of the resident interviews would be conducted in a location that afforded the resident to be alone and provided the staff with the ability to respond to an emergency.

### **Site Review**

The Edna Tamayo virtual tour was conducted by the Assistant Superintendent/PREA Compliance Manager via FaceTime connection. The tour consisted of the auditor viewing every room, closet, office and programming area that makes up the facility. The auditor was provided with the facility's physical layout prior to the onsite audit, which allowed the auditor to become familiar with the facility. The Edna Tamayo Halfway House is structurally built as a single family home. There are six (6) sleeping rooms that will sleep four (4) residents per room. Just outside of each room is a resident bathroom that is used by the residents assigned to the room. Each bathroom has a door that can be locked from the inside by the resident to give the resident adequate privacy while they shower and change their clothes.



The residents assigned to Edna Tamayo are provided an educational opportunity and school in the facility. There is one (1) classroom that is located in the front of the building and the other classroom is in the back of the building. The education is provided by certified teachers from the Harlingen Independent School District. There are no medical staff on-site; however, the staff are trained to administer any prescribed medication which is securely stored in the medical room.

The tour included the auditor observing the exterior of the facility (i.e., facility entrance, parking lot, etc.), administration offices, classrooms, resident sleeping rooms, case manager offices, dayroom/programming area, kitchen, dining room, laundry room and storage areas. The auditor observed the placement of external and internal cameras and noticed the facility is adequately equipped with cameras. According to the facility layout and the PAQ there are 53 cameras strategically placed throughout the facility.

### **Processes and areas observed**

During the two days of the virtual onsite audit there were zero (0) residents released from or admitted into the facility. The auditor gathered information about the intake process through specialized staff and resident interviews. PREA audit notices and zero tolerance posters were posted and visible for the resident's, staff and visitors to see. The placement of the cameras were strategically placed to eliminate blind spots and mitigate security risks that would lend to sexual abuse and sexual harassment incidents. During the site review the staff explained the shower procedure and the auditor was reassured by the resident's during their interview that the female staff consistently announce their presence when they enter the hallways.

### **Specific area observations**

There is one (1) building that serves as a living unit where case manager office areas, administrator offices, meeting room, kitchen, dining room, and living room. There are a total of six (6) residential sleeping rooms that sleep four (4) residents per room on two bunkbeds. Each room has a restroom just outside of the entrance to the room. The bathrooms are equipped with a toilet, a shower, and a sink. The bathrooms allow for one (1) resident use at a time. The sleeping rooms are unlocked at the time that a resident is occupying the room and locked when the residents are participating in programming.

The auditor observed staff presence in every area that the residents were programming in to include classrooms. Adequate staff supervision and camera placements seem to mitigate any blind spots to ensure a sexually safe environment. The staff are also assigned a body-worn camera which they are required to wear at all times while providing resident supervision; the only time that the staff are exempt from having the body camera on is when they themselves are using the restroom.

### **Interviews**

The majority of the staff and resident interviews were conducted in the facility meeting room. The location provided adequate privacy and was centrally located to minimize disruption to programming. Specialized staff were selected based on their respective duties in the facility. The auditor selected seven (7) random staff from every shift who were interviewed using the random staff interview protocol. The auditor randomly selected eight (8) residents out of the twenty residents assigned to the facility on the first day of the audit. The auditor also interviewed all two (2) residents who reported prior victimization on the intake risk screening tool. All of the interviewed residents reported feeling safe when asked by the auditor if they felt safe at Edna Tamayo. At the time of the onsite audit there were zero residents who identified as limited English speaking, disabled; and no resident made a sexual abuse or sexual harassment allegation.

<b>Interviews Protocols</b>	<b>Number of Interviews</b>
Agency Head	1
Superintendent	1
PREA Coordinator	1
PREA Compliance Manager	1
Medical Staff	Not applicable
Mental Health Professional	1
Intake Staff	1
Volunteer	1
Investigation Staff	2
Administrative (Human Resources) Staff	1
Intermediate or Higher-level Staff (Unannounced rounds)	2
SAFE and SANE	1
Staff who supervise residents in isolation	Not applicable
Staff on the Incident Review Team	3
Designated staff member charged with monitoring retaliation	1
Random sample of Staff	8
Random sample of Residents	5
Resident identified as lesbian, gay, bisexual, transgender or intersex	0
Resident who reported a sexual abuse	0
Resident with an identified disability or limited English speaking	0
Resident in isolation	Not applicable
Residents who disclosed prior sexual victimization during risk screening	0
Total Number of Staff Interviews	25
Total Number of Resident Interviews	5
Total Number of Interviews	30

### **Exit Briefing**

An exit briefing was conducted with the Superintendent, PREA Coordinator, and Assistant Superintendent/PREA Compliance Manager. During the exit, the auditor communicated that at that time the auditor had not identified any concerns requiring corrective action, but that was a preliminary finding that would be followed up on by reviewing the supporting documentation that was provided for review.

## Facility Characteristics

*The auditor's description of the audited facility should include details about the facility type, demographics and size of the inmate, resident or detainee population, numbers and type of staff positions, configuration and layout of the facility, numbers of housing units, description of housing units including any special housing units, a description of programs and services, including food service and recreation. The auditor should describe how these details are relevant to PREA implementation and compliance.*

### EDNA TAMAYO HALFWAY HOUSE

The Edna Tamayo Halfway House is a 20-bed facility located in Harlingen, Texas. The facility has a design capacity of 20 residents; with a population of 7 residents on the first day of the audit. Edna Tamayo is governed by the Texas Juvenile Justice Department and is a state operated facility that serves male residents between the ages of 14-18 years of age.

The facility currently employs 28 staff members made up of the Superintendent, Assistant Superintendent, three (3) Senior Youth Development Coach, two (2) Administration Support Staff, one (1) Human Services Specialist, two (2) Case Managers, one (1) Substance Abuse Counselor, fifteen (15) Youth Development Coaches, one (1) Food Service Manager, and one (1) Cook. The facility adheres to the staff ratios per TJJD policy, which is 1:8 during waking hours and 1:12 during sleeping hours. There are always three (3) Youth Development Counselors during waking hours (6am-2pm & 2pm-10pm); and two (2) Youth Development Coach during sleeping hours (10pm-6am).

There is one (1) building that serves as a living unit where case manager office areas, administrator offices, meeting room, kitchen, dining room, and living room. There are a total of six (6) residential sleeping rooms that sleep four (4) residents per room on two bunkbeds. Each room has a restroom just outside of the entrance to the room. The bathrooms are equipped with a toilet, a shower, and a sink. The bathrooms allow for one (1) resident use at a time. The sleeping rooms are unlocked at the time that a resident is occupying the room and locked when the residents are participating in programming.

Edna Tamayo provides specialized treatment needs to include: Alcohol and Other Drugs (High/Moderate/Aftercare), Strategies for Anger Management, Making Proud Choices Group and contract services for residents with a sex offense history. Education is provided by the Harlingen Independent School District and all of the teachers are certified by the Texas Education Agency (TEA). The Education staff provide supervision of the residents Monday through Friday from 8am until 4pm. The classrooms have one (1) teacher assigned to each classroom; there are a total of three (3) educational professionals (2 teachers and 1 paraprofessional).

## Summary of Audit Findings

*The summary should include the number and list of standards exceeded, number of standards met, and number and list of standards not met.*

**Auditor Note:** No standard should be found to be "Not Applicable" or "NA". A compliance determination must be made for each standard.

### Standards Exceeded

**Number of Standards Exceeded:** 2  
**List of Standards Exceeded:** 115.313, 115.317

#### **Standards Met**

**Number of Standards Met:** 41

#### **Standards Not Met**

**Number of Standards Not Met:** 0  
**List of Standards Not Met:**

## PREVENTION PLANNING

### Standard 115.311: Zero tolerance of sexual abuse and sexual harassment; PREA coordinator

All Yes/No Questions Must Be Answered by The Auditor to Complete the Report

#### 115.311 (a)

- Does the agency have a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the written policy outline the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.311 (b)

- Has the agency employed or designated an agency-wide PREA Coordinator? ☒ Yes ☐ No
- Is the PREA Coordinator position in the upper-level of the agency hierarchy? ☒ Yes ☐ No
- Does the PREA Coordinator have sufficient time and authority to develop, implement, and oversee agency efforts to comply with the PREA standards in all of its facilities? ☒ Yes ☐ No

#### 115.311 (c)

- If this agency operates more than one facility, has each facility designated a PREA compliance manager? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA
- Does the PREA compliance manager have sufficient time and authority to coordinate the facility's efforts to comply with the PREA standards? (N/A if agency operates only one facility.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's*

conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.

Documentation Reviewed:

- Facility PAQ
- Facility Organization Chart
- TJJD Monitoring and Inspections Department Organization Chart
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Halfway House Assistant Superintendent/PREA Compliance Manager Position Description

*115.311(a)-1 The agency has a written policy mandating zero tolerance toward all forms of sexual abuse and sexual harassment in facilities it operates directly or under contract.*

**(a) Purpose.**

The purpose of this rule is to establish the Texas Juvenile Justice Department's (TJJD's) zero-tolerance policy for any form of sexual abuse, sexual harassment, or sexual activity involving youth in the agency's care. This rule also addresses TJJD's obligations under federal Prison Rape Elimination Act (PREA) standards for preventing, detecting, and responding to sexual abuse and sexual harassment.

*115.311(a)-2 The facility has a policy outlining how it will implement the agency's approach to preventing, detecting, and responding to sexual abuse and sexual harassment.*

**(b) Applicability.**

Unless stated otherwise, this rule applies to all residential facilities operated by TJJD or under contract with TJJD.

*115.311(b)-1 The agency employs or designates an upper-level, agency-wide PREA coordinator.*

**(d) General Provisions.**

(1) It is the policy of TJJD to ensure that any form of conduct that meets the definition of sexual abuse, sexual activity, or sexual harassment, regardless of consensual status, is strictly prohibited. Such conduct, if confirmed, will result in administrative disciplinary action and may result in criminal prosecution.

(2) It is the policy of TJJD to comply with all applicable PREA-related standards adopted by the U.S. Department of Justice.

*115.311 (a)-3 The policy includes definitions of prohibited behaviors regarding sexual abuse and sexual harassment.*

**(c) Definitions.**

(4) **Sexual Abuse of a Youth by Another Youth**--includes any of the following acts, if the victim does not consent, is coerced into such act by overt or implied threats of violence, or is unable to consent or refuse:

(A) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(B) contact between the mouth and the penis, vulva, or anus;

(C) penetration of the anal or genital opening of another person, however slight, by a hand, finger, object, or other instrument; and

(D) any other intentional touching, either directly or through the clothing, of the genitalia, anus, groin, breast, inner thigh, or the buttocks of another person, excluding contact incidental to a physical altercation.

(5) **Sexual Abuse of a Youth by a Staff Member, Contractor, or Volunteer**--includes any of the following acts, with or without consent of the youth:

(A) contact between the penis and the vulva or the penis and the anus, including penetration, however slight;

(B) contact between the mouth and the penis, vulva, or anus;

(C) contact between the mouth and any body part where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(D) penetration of the anal or genital opening, however slight, by a hand, finger, object, or other instrument, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(E) any other intentional contact, either directly or through the clothing, of or with the genitalia, anus, groin, breast, inner thigh, or the buttocks, that is unrelated to official duties or where the staff member, contractor, or volunteer has the intent to abuse, arouse, or gratify sexual desire;

(F) any attempt, threat, or request by a staff member, contractor, or volunteer to engage in the activities described in subparagraphs (A) - (E) of this paragraph;

(G) any display by a staff member, contractor, or volunteer of his or her uncovered genitalia, buttocks, or breast in the presence of a youth; and

(H) voyeurism by a staff member, contractor, or volunteer.

(6) **Sexual Activity**--includes any form of sexual misconduct, as defined in [§380.9503](#) of this title, that does not meet the definition of sexual abuse.

(7) **Sexual Harassment**--includes:

(A) repeated and unwelcome sexual advances, requests for sexual favors, or verbal comments, gestures, or actions of a derogatory or offensive sexual nature by one youth directed toward another; and

(B) repeated verbal comments or gestures of a sexual nature to a youth by a staff member, contractor, or volunteer, including demeaning references to gender, sexually suggestive or derogatory comments about body or clothing, or obscene language or gestures.

(8) **Voyeurism**--an invasion of a youth's privacy by a staff member, contractor, or volunteer for reasons unrelated to official duties, such as:

(A) peering at a youth who is using a toilet in his or her cell to perform bodily functions;

(B) requiring a youth to expose his or her buttocks, genitals, or breasts; or

(C) taking images of all or part of a youth's naked body or of a youth performing bodily functions.

*115.311 (b)-1 The agency employs or designates an upper-level, agency-wide PREA coordinator.*

*115.311 (c)-1 The facility has designated a PREA Compliance Manager.*

**(e) Prevention Planning.**

**(1) PREA Coordinator and PREA Compliance Managers.**

(A) TJJD designates an upper-level staff member as the agency-wide PREA coordinator. This staff member's duties must be structured to allow sufficient time and authority to develop, implement, and oversee agency efforts to comply with PREA standards in all TJJD-operated residential facilities.

(B) TJJD designates a PREA compliance manager at each TJJD-operated residential facility and halfway house. This staff member's duties must be structured to allow sufficient time and authority to coordinate the facility's efforts to comply with PREA standards.

**Interviews:**

- Superintendent
- PREA Coordinator
- PREA Compliance Manager

An interview with the PREA Coordinator indicates she has sufficient time and adequate authority to lead the agencies compliance efforts. She said TJJD has not had any significant changes that would impact her ability to monitor the states facilities and compliance with the standards. During interviews with the staff and residents it was clear the juvenile PREA standards have been institutionalized and the protocols put in place to prevent, detect and respond to sexual abuse and sexual harassment are familiar to the staff. The implementation of the standards throughout the facility seems to support the PREA Coordinator's claim that she has sufficient time to lead the agencies efforts to achieve compliance with the standards.



An interview with the facility's Assistant Superintendent/PREA Compliance Manager indicates he is very knowledgeable of the PREA standards as well as the agency policies and facility procedures. He also reports he has adequate time to perform his duties and works closely with the PREA Coordinator as well as the Superintendent to maintain compliance. His role includes overseeing the general operations of the facility and with the full implementation of the standards he has been able to delegate certain responsibilities which include providing current and new employees with ongoing training, ensuring PREA education posters are visible and monitoring the facility's compliance with the standards. The Assistant Superintendent/PREA Compliance Manager reports he has authority to direct compliance but works collaboratively with other departments to communicate deficiencies and updates.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard requiring a zero-tolerance policy toward sexual abuse and sexual harassment and the designation of a PREA Coordinator and PREA Compliance Manager. No corrective action is required.

## **Standard 115.312: Contracting with other entities for the confinement of residents**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.312 (a)**

- If this agency is public and it contracts for the confinement of its residents with private agencies or other entities including other government agencies, has the agency included the entity's obligation to adopt and comply with the PREA standards in any new contract or contract renewal signed on or after August 20, 2012? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

#### **115.312 (b)**

- Does any new contract or contract renewal signed on or after August 20, 2012 provide for agency contract monitoring to ensure that the contractor is complying with the PREA standards? (N/A if the agency does not contract with private agencies or other entities for the confinement of residents.) ☒ Yes ☐ No ☐ NA

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documents Reviewed:

- Facility PAQ
- Contracts for Mental Health Professional, Barber and the Harlingen Consolidated Independent School District

### (2) Contracting with Other Entities for Confinement of Youth.

In all new or renewed contracts for residential placement of TJJD youth, TJJD includes a clause requiring the contractor to adopt and comply with applicable PREA standards.

### Interviews:

PREA Coordinator

An interview with the PREA Coordinator indicates she is responsible for ensuring the facilities that contract with the agency for the confinement of residents adheres to the same policies and standards as the state owned and operated facilities throughout the state. She monitors their compliance by maintaining communication with the contract programs as well as reviewing their monitoring reports and their PREA Audit reports. She indicates when there are changes to the PREA standards or TJJD policies she will send out an agency-wide memo to explain the changes and provide training when necessary. She states she has access and contact information for all of the PREA Compliance Managers and will communicate with them directly to address compliance issues and to provide updates.

The auditor reviewed the contracts provided for review and observed that all of the contracts have a renew date in 2017 for the school district and 2020 with the mental health professional and barber. The contract requires that contract programs complies with the juvenile PREA standards; and forward copies of all audits, monitoring, and investigation reports completed by any entity to the TJJD Youth Services Contract Manager within five (5) days of receipt. The contract program must also allow the TJJD access to TJJD youth and all records and/or information on TJJD youth at all times. TJJD will perform monitoring, performance evaluations, investigations, and audits. According to the PAQ, TJJD has and renewed the contracts for eight (8) private entities the agency contracts with for the confinement of residents or service providers who provide services that can be utilized for all residents within TJJD including those currently residing at the Edna Tamayo..

### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency is in compliance with this standard regarding contracting with other entities for the confinement of residents.

## Standard 115.313: Supervision and monitoring

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.313 (a)**

- Does the facility have a documented staffing plan that provides for adequate levels of staffing and, where applicable, video monitoring, to protect residents against sexual abuse?  
☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Generally accepted juvenile detention and correctional/secure residential practices? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any judicial findings of inadequacy? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from Federal investigative agencies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any findings of inadequacy from internal or external oversight bodies? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: All components of the facility's physical plant (including "blind-spots" or areas where staff or residents may be isolated)? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The composition of the resident population? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: The number and placement of supervisory staff? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Institution programs occurring on a particular shift? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any applicable State or local laws, regulations, or standards? ☒ Yes ☐ No
- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration the prevalence of substantiated and unsubstantiated incidents of sexual abuse? ☒ Yes ☐ No

- In calculating adequate staffing levels and determining the need for video monitoring, does the staffing plan take into consideration: Any other relevant factors? ☒ Yes ☐ No

#### 115.313 (b)

- Does the agency comply with the staffing plan except during limited and discrete exigent circumstances? ☒ Yes ☐ No
- In circumstances where the staffing plan is not complied with, does the facility document all deviations from the plan? (N/A if no deviations from staffing plan.) ☐ Yes ☐ No ☒ NA

#### 115.313 (c)

- Does the facility maintain staff ratios of a minimum of 1:8 during resident waking hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☒ Yes ☐ No ☐ NA
- Does the facility maintain staff ratios of a minimum of 1:16 during resident sleeping hours, except during limited and discrete exigent circumstances? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☐ Yes ☐ No ☒ NA
- Does the facility fully document any limited and discrete exigent circumstances during which the facility did not maintain staff ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☐ Yes ☐ No ☒ NA
- Does the facility ensure only security staff are included when calculating these ratios? (N/A if the facility is not a secure juvenile facility per the PREA standards definition of "secure".) ☐ Yes ☐ No ☒ NA
- Is the facility obligated by law, regulation, or judicial consent decree to maintain the staffing ratios set forth in this paragraph? ☒ Yes ☐ No

#### 115.313 (d)

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The staffing plan established pursuant to paragraph (a) of this section? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: Prevailing staffing patterns? ☒ Yes ☐ No

- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The facility's deployment of video monitoring systems and other monitoring technologies? ☒ Yes ☐ No
- In the past 12 months, has the facility, in consultation with the agency PREA Coordinator, assessed, determined, and documented whether adjustments are needed to: The resources the facility has available to commit to ensure adherence to the staffing plan? ☒ Yes ☐ No

### 115.313 (e)

- Has the facility implemented a policy and practice of having intermediate-level or higher-level supervisors conduct and document unannounced rounds to identify and deter staff sexual abuse and sexual harassment? (N/A for non-secure facilities) ☐ Yes ☐ No ☒ NA
- Is this policy and practice implemented for night shifts as well as day shifts? (N/A for non-secure facilities) ☐ Yes ☐ No ☒ NA
- Does the facility have a policy prohibiting staff from alerting other staff members that these supervisory rounds are occurring, unless such announcement is related to the legitimate operational functions of the facility? (N/A for non-secure facilities) ☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Edna Tamayo Daily Shift Logs
- Halfway House Facility Vulnerability Assessment
- Safe Housing Staffing Plan (2017, 2018, 2019)
- Halfway House DVR Quality Assurance Report
- Staff Roster

## Documentation Reviewed During Onsite Phase of Audit

*115.313(a)-1 The agency requires each facility it operates to develop, document, and make its best efforts to comply on a regular basis with a staffing plan that provides for adequate levels of staffing, and, where applicable, video monitoring, to protect residents against abuse.*

### (3) Youth Supervision and Monitoring.

#### (A) Staffing Plans.

- (i) Each TJJD-operated residential facility develops and implements a written staffing plan to provide adequate levels of staffing and video monitoring to protect youth against sexual abuse.
- (ii) Deviations from the staffing plan are permitted only during limited and discrete exigent circumstances. The facility documents each deviation and the reason for the deviation.
- (iii) At least once each year, the division director over residential services, in consultation with the TJJD PREA coordinator, reviews and documents whether any adjustments are needed to each TJJD-operated facility's:
  - (I) staffing plan;
  - (II) prevailing staffing patterns;
  - (III) deployment of video monitoring systems and other monitoring technologies; and
  - (IV) resources available to ensure adherence to the staffing plan.

*115.313(c)-1 The facility is obligated by law, regulation, or judicial consent decree to maintain staffing ratios of a minimum of 1:8 during resident waking hours and 1:16 during resident sleeping hours.*

#### (B) Staff Ratios.

Each TJJD-operated high restriction facility maintains staff ratios in accordance with [§380.9955](#) of this title.

*115.313(e)-1 The facility requires that intermediate-level or higher-level staff conduct unannounced rounds to identify and deter staff sexual abuse and sexual harassment.*

#### (C) Unannounced Rounds.

- (i) At each TJJD-operated high restriction facility, a staff member with management responsibilities conducts and documents unannounced rounds to identify and deter sexual abuse and sexual harassment. The unannounced rounds must be conducted at least twice per month on each shift.
- (ii) At each TJJD-operated medium restriction facility, a staff member with management responsibilities conducts and documents unannounced rounds to identify and deter sexual abuse and sexual harassment. The unannounced rounds must be conducted at least once per month on each shift.
- (iii) Staff members are prohibited from notifying other staff members that unannounced rounds are occurring, unless such notification is related to the legitimate operational functions of the facility.

#### Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Intermediate or Higher-Level Facility Staff

Edna Tamayo provided the auditor with a staffing plan that was signed and dated in or around December 2019. According to the PREA Coordinator staffing requires that a yearly staffing plan assessment be completed by TJJD for each facility or halfway house to determine and document whether adjustments are needed to ensure that the residents are protected from sexual abuse and sexual harassment. Once a year, in consultation with the PREA Coordinator, the facility/ halfway house will assess, determine, and document adjustments to the plan. The Superintendent must approve the staffing plan and the PREA Coordinator must sign-off on the plan. The facility utilizes the staffing plan to help determine adequate levels of staffing, and where applicable, video monitoring, to protect residents against sexual abuse. The staffing plan is predicated on an average daily population of thirty (30) residents. According to the Assistant Superintendent/PREA Compliance Manager there were no incidents of deviation from the plan. When there is a need to address staffing shortage, the facility will call someone in to assist with coverage or utilize the services of the facility's supervisors to maintain the compliance with the staffing patterns.

During the facility tour the auditor observed staffing patterns that are consistent with the 1:8 staffing ratio. According to the staffing plan, shift logs, and the Assistant Superintendent/PREA Compliance Manager interview the facility will maintain a 1:8 staffing ratio during waking hours; and 1:12 staffing ratio during sleeping hours. The facility staff cover three shifts:

- 6am-2pm – Day Shift (Sunday-Saturday)
- 2pm-10pm – Evening Shift (Sunday-Saturday)
- 10pm-6am – Overnight Shift (Sunday-Saturday)

During the day and evening shifts there will be three Youth Development Coaches assigned; and two staff will be assigned on the overnight shift. Edna Tamayo as a medium secure halfway house exceeds expectations with regards to staffing ratios.

Per the TJJD policy the management staff are responsible for conducting unannounced rounds and to ensure that the rounds are performed during all shifts throughout all areas of the facility. The management staff include: Senior Coaches, Program Supervisors, Superintendent, and Assistant Superintendent. Unannounced rounds are conducted by the Administrator on Duty (ADO) at least once per shift, monthly on the ADO rotation; and the rounds are documented on the PREA Unannounced Visit Log. A review of the logs demonstrate the rounds are conducted at variable times and by all assigned parties.

During the random staff interviews the staff all communicated that they had an understanding that staff are not allowed to alert other staff when the unannounced rounds are being conducted. The staff also indicated that the members of the management team are visible and present in the facility most of the time and they hardly recognize when the management team member is present for the Unannounced round or if they are available for other reasons.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds compliance with this standard regarding supervision and monitoring. No corrective action required.



## Standard 115.315: Limits to cross-gender viewing and searches

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.315 (a)

- Does the facility always refrain from conducting any cross-gender strip or cross-gender visual body cavity searches, except in exigent circumstances or by medical practitioners?  
☒ Yes ☐ No

### 115.315 (b)

- Does the facility always refrain from conducting cross-gender pat-down searches in non-exigent circumstances? ☒ Yes ☐ No ☐ NA

### 115.315 (c)

- Does the facility document and justify all cross-gender strip searches and cross-gender visual body cavity searches? ☒ Yes ☐ No
- Does the facility document all cross-gender pat-down searches? ☒ Yes ☐ No

### 115.315 (d)

- Does the facility have policies that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility have procedures that enable residents to shower, perform bodily functions, and change clothing without nonmedical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks? ☒ Yes ☐ No
- Does the facility require staff of the opposite gender to announce their presence when entering a resident housing unit? ☒ Yes ☐ No
- In facilities (such as group homes) that do not contain discrete housing units, does the facility require staff of the opposite gender to announce their presence when entering an area where residents are likely to be showering, performing bodily functions, or changing clothing? (N/A for facilities with discrete housing units) ☒ Yes ☐ No ☐ NA

### 115.315 (e)



- Does the facility always refrain from searching or physically examining transgender or intersex residents for the sole purpose of determining the resident's genital status? ☒ Yes ☐ No
- If a resident's genital status is unknown, does the facility determine genital status during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination conducted in private by a medical practitioner? ☒ Yes ☐ No

#### 115.315 (f)

- Does the facility/agency train security staff in how to conduct cross-gender pat down searches in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No
- Does the facility/agency train security staff in how to conduct searches of transgender and intersex residents in a professional and respectful manner, and in the least intrusive manner possible, consistent with security needs? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Contraband/Unauthorized Item Log
- TJJD Daily Observation Report (DOR) (Training Module)

*115.315(a)-1 The facility conducts cross-gender strip or cross-gender visual body cavity searches of residents.*

#### (4) Limits to Cross-Gender Viewing and Searches.

(A) TJJD maintains restrictions and limitations on cross-gender searches in accordance with §380.9709 of this title.

*115.315(d)-1 The facility has implemented policies and procedures that enable residents to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine cell checks (this includes viewing via video camera).*

(C) In TJJD-operated residential facilities, staffing patterns and physical barriers are implemented to enable youth to shower, perform bodily functions, and change clothing without non-medical staff of the opposite gender viewing their breasts, buttocks, or genitalia, except in exigent circumstances or when such viewing is incidental to routine room checks.

*115.315(d)-2 F. Staff of the opposite gender must announce their presence when entering a resident housing unit or any area where residents are likely to be showering, performing bodily functions, or changing clothing.*

(D) In TJJD-operated residential facilities, staff who are not the same gender as the youth must announce their presence when entering:

- (i) a dormitory pod or wing at a high restriction facility, but only if there are no other staff of the opposite gender already in the pod or wing; or
- (ii) a sleeping room at a medium restriction facility.

*115.315(e)-1 The facility has a policy prohibiting staff from searching or physically examining a transgender or intersex resident for the sole purpose of determining the resident's genital status.*

(B) TJJD does not search or physically examine a transgender or intersex youth for the sole purpose of determining the youth's genital status. The status may be determined during conversations with the youth, by reviewing medical records, or as part of a broader medical examination conducted in private by a medical practitioner.

#### Interviews:

- Superintendent
- PREA Coordinator
- Random Staff
- Resident who identifies as LGBTQI
- Random Residents

The facility PAQ indicates the facility conducted zero (0) cross-gender strip or cross-gender visual body cavity searches of residents. During the resident interviews all of the residents were emphatic that they have never had an opposite gender staff member conduct a strip or pat search on them; and they have never witnessed an opposite gender staff member conduct a search on any of their peers. All of the residents understood that female staff are not allowed to conduct a pat or strip search because it is against the facility's policy and practice. Pat down and strip searches are allowed and are conducted by a trained staff member of the same gender as the resident. Two (2) staff members must be in attendance for pat-down searches; and the staff members body cameras must be on during the search.

According to the Assistant Superintendent/PREA Compliance Manager the facility is adequately staffed with male staff and the need for a cross-gender search would be unlikely even in an exigent circumstance.

Edna Tamayo will operate in accordance with the TJJD policy, which allows for a case-by-case decision on search procedures when a resident who identifies as transgender is admitted to the facility. All of the staff understood that the identified gender of the staff member required to conduct a search on a transgender youth would be determined and documented through a multidiscipline process. The facility shall not search or physically examine a transgender or intersex resident for the sole purpose of determining the resident's genital status according to the TJJD policy. If the facility ever were to encounter a resident whose genital status is unknown, the status may be determined during conversations with the resident, by reviewing medical records, or, if necessary, by learning that information as part of a broader medical examination. Edna Tamayo has not conducted cross-gender strip searches or cross-gender visual body cavity search within the past 12 months.

During resident interviews they all report that they have adequate privacy to shower, perform their bodily functions, and change clothing without staff member of any gender or resident from viewing their naked bodies. The resident's report when they shower they are able to secure and lock the bathroom door when they are showering or performing bodily functions. The residents said when staff are conducting security checks that the staff member will knock and announce and wait for a verbal indicator from the resident that they are safe. The residents also indicated that there are cameras in their rooms but there are no cameras inside of any of the facility bathrooms. During the facility tour, the auditor observed that there are cameras strategically placed in the facility hallway but is not inside of the restrooms or positioned in a way to see inside of the bathroom.

During interviews all staff indicated they have received search training. Staff hired in the past 12 months state they received search training which involved a demonstration by the trainer and the staff member in training demonstrating on a staff member of the same gender; followed by a search on a resident that was monitored by a certified staff member.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is compliant with this standard regarding limits to cross-gender viewing and searches. No corrective action is required.

## **Standard 115.316: Residents with disabilities and residents who are limited English proficient**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.316 (a)**

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are deaf or hard of hearing? ☒ Yes ☐ No

- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who are blind or have low vision? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have intellectual disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have psychiatric disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Residents who have speech disabilities? ☒ Yes ☐ No
- Does the agency take appropriate steps to ensure that residents with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment, including: Other? (if "other," please explain in overall determination notes.) ☒ Yes ☐ No
- Do such steps include, when necessary, ensuring effective communication with residents who are deaf or hard of hearing? ☒ Yes ☐ No
- Do such steps include, when necessary, providing access to interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have intellectual disabilities? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Have limited reading skills? ☒ Yes ☐ No
- Does the agency ensure that written materials are provided in formats or through methods that ensure effective communication with residents with disabilities including residents who: Are blind or have low vision? ☒ Yes ☐ No

#### 115.316 (b)

- Does the agency take reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment to residents who are limited English proficient? ☒ Yes ☐ No
- Do these steps include providing interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary? ☒ Yes ☐ No

### 115.316 (c)

- Does the agency always refrain from relying on resident interpreters, resident readers, or other types of resident assistants except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise the resident's safety, the performance of first-response duties under §115.364, or the investigation of the resident's allegations? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- PREA Script (English & Spanish)
- List of Edna Tamayo Staff Translators
- Language Line Requisition
- TJJD Language Line Purchase Order
- Breaking the Silence! Poster (English)
- Zero Tolerance Poster (English)
- Sample Resident PREA Orientation Training and Acknowledgement Form (Spanish)

115.316(a)-1 *The agency has established procedures to provide disabled residents equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment.*

**(5) Youth with Disabilities and Youth who are Limited English Proficient.**

(A) TJJD takes appropriate steps to ensure that youth with disabilities have an equal opportunity to participate in or benefit from all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment. Such steps include providing access to:

- (i) interpreters; and
- (ii) written materials provided in formats or through methods that ensure effective communication.

(B) TJJD takes reasonable steps to ensure meaningful access to all aspects of the agency's efforts to prevent, detect, and respond to sexual abuse and sexual harassment for youth who are limited English proficient, including the use of interpreters.

(C) When using interpreters to meet requirements of this paragraph:

- (i) TJJD attempts to select interpreters who can interpret effectively, accurately, and impartially, both receptively and expressively, using any necessary specialized vocabulary; and
- (ii) TJJD does not use other youth to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-response duties, or an investigation.

**(3) Youth Education.**

(D) TJJD provides the information in formats accessible to all youth, including those who:

- (i) are limited English proficient;
- (ii) are deaf, visually impaired, or otherwise disabled; and
- (iii) have limited reading skills.

**Interviews:**

- Superintendent
- Random Staff
- Random Resident

Residents shall receive written orientation material that is provided in a language that they understand. Orientation material will be provided to all residents who are limited English proficient (LEP). When a literacy problem exists, a staff member assists the resident in understanding the material. The agency policy provides staff guidance when working with a resident with any type of disability including physical, psychiatric, and/or intellectual. Residents are given an equal opportunity to participate in, benefit from and have meaningful access to all aspects of the facilities efforts to prevent, detect, and respond to sexual abuse and sexual harassment.

Edna Tamayo will provide residents with written orientation materials and/or translation in their own language if they do not speak and/or understand English. The facility provided the auditor with information that contained the facilities translation and interpretation protocol, which provides the caller

step-by-step instructions for accessing services. The translation services are provided by the Language Line and the services are provided to the resident's at no cost to them or their families.

Edna Tamayo has not had any resident assigned to the facility in the past 12 months who was identified as deaf or hearing impaired. In developing the resident handbook, the Special Education personnel associated with the education department reduced the wording from a 12<sup>th</sup> grade level to a 4<sup>th</sup> grade level as a requirement of PREA to ensure that a youth with an intellectual and/or cognitive disability would be able to comprehend all PREA related information.

The agency policy explicitly states, "TJJD does not use other youth to interpret, read, or otherwise assist except in limited circumstances where an extended delay in obtaining an effective interpreter could compromise safety, the performance of first-response duties, or an investigation." The PAQ indicates zero (0) residents have provided interpretation or translation for another resident in the past 12 months. The facility provided the auditor with a signed orientation acknowledgment form that was provided to a resident in Spanish. The facility's efforts to effectively communicate with all residents admitted to Edna Tamayo are proactive in nature and has not been necessary in the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding residents with disabilities and residents who are limited English Proficient. No corrective action is required.

## Standard 115.317: Hiring and promotion decisions

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.317 (a)

- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the hiring or promotion of anyone who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997)? ☒ Yes ☐ No



- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse? ☒ Yes ☐ No
- Does the agency prohibit the enlistment of services of any contractor who may have contact with residents who: Has been civilly or administratively adjudicated to have engaged in the activity described in the question immediately above? ☒ Yes ☐ No

#### 115.317 (b)

- Does the agency consider any incidents of sexual harassment in determining whether to hire or promote anyone who may have contact with residents? ☒ Yes ☐ No
- Does the agency consider any incidents of sexual harassment in determining whether to enlist the services of any contractor who may have contact with residents? ☒ Yes ☐ No

#### 115.317 (c)

- Before hiring new employees, who may have contact with residents, does the agency perform a criminal background records check? ☒ Yes ☐ No
- Before hiring new employees, who may have contact with residents, does the agency consult any child abuse registry maintained by the State or locality in which the employee would work? ☒ Yes ☐ No
- Before hiring new employees who may have contact with residents, does the agency, consistent with Federal, State, and local law, make its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse? ☒ Yes ☐ No

#### 115.317 (d)

- Does the agency perform a criminal background records check before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No
- Does the agency consult applicable child abuse registries before enlisting the services of any contractor who may have contact with residents? ☒ Yes ☐ No

#### 115.317 (e)

- Does the agency either conduct criminal background records checks at least every five years of current employees and contractors who may have contact with residents or have in place a system for otherwise capturing such information for current employees? ☒ Yes ☐ No



#### 115.317 (f)

- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in written applications or interviews for hiring or promotions? ☒ Yes ☐ No
- Does the agency ask all applicants and employees who may have contact with residents directly about previous misconduct described in paragraph (a) of this section in any interviews or written self-evaluations conducted as part of reviews of current employees? ☒ Yes ☐ No
- Does the agency impose upon employees a continuing affirmative duty to disclose any such misconduct? ☒ Yes ☐ No

#### 115.317 (g)

- Does the agency consider material omissions regarding such misconduct, or the provision of materially false information, grounds for termination? ☒ Yes ☐ No

#### 115.317 (h)

- Does the agency provide information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom such employee has applied to work? (N/A if providing information on substantiated allegations of sexual abuse or sexual harassment involving a former employee is prohibited by law.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☒ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☐ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ

- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.385.8181 Background Checks
- Edna Tamayo Staff Background Check Clearance
- Sample Background Reference Checklist
- Sample Internal Background Review
- Sample Child Abuse Registry Check Consent Form
- Sample of PREA Employment Standards Violation

*115.317(a)-1 Agency policy prohibits hiring or promoting anyone who may have contact with residents, and prohibits enlisting the services of any contractor who may have contact with residents, who—*  
*(1) Has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution (as defined in 42 U.S.C. 1997);*  
*(2) Has been convicted of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse; or*  
*(3) Has been civilly or administratively adjudicated to have engaged in the activity described in paragraph (a)(2) of this section.*

#### **(6) Hiring and Promotion Decisions.**

(A) TJJD does not hire or promote anyone who may have contact with youth and does not use the services of any contractor who may have contact with youth if the person:

- (i) has engaged in sexual abuse in a prison, jail, lockup, community confinement facility, juvenile facility, or other institution, as defined in 42 U.S.C. 1997; or
- (ii) has been convicted or civilly or administratively adjudicated of engaging or attempting to engage in sexual activity in the community facilitated by force, overt or implied threats of force, or coercion, or if the victim did not consent or was unable to consent or refuse.

*115.317(b)-1 Agency policy requires the consideration of any incidents of sexual harassment in determining whether to hire or promote anyone, or to enlist the services of any contractor, who may have contact with residents.*

(B) For any person who may have contact with juveniles, TJJD considers any incidents of sexual harassment in determining whether to hire, promote, or contract for services.

*115.317(c)-1 Agency policy requires that before it hires any new employees who may have contact with residents, it (a) conducts criminal background record checks, (b) consults any child abuse registry maintained by the State or locality in which the employee would work; and (c) consistent with Federal, State, and local law, makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.*

*115.317(d)-1 Agency policy requires that a criminal background records check be completed, and applicable child abuse registries consulted before enlisting the services of any contractor who may have contact with residents.*

(C) Before hiring new employees who may have contact with youth, TJJD:

- (i) performs a criminal background records check;
- (ii) consults the child abuse registry maintained by Texas Department of Family and Protective Services (DFPS); and
- (iii) makes its best efforts to contact all prior institutional employers for information on substantiated allegations of sexual abuse or any resignation during a pending investigation of an allegation of sexual abuse.

*115.317(e)-1 Agency policy requires that either criminal background records checks be conducted at least every five years of current employees and contractors who may have contact with residents or that a system is in place for otherwise capturing such information for current employees.*

(E) TJJD conducts periodic criminal background records checks on current employees and contractors in accordance with [§385.8181](#) of this title.

*115.317(g)-1 Agency policy states that material omissions regarding such misconduct, or the provision of materially false information, shall be grounds for termination.*

(F) TJJD asks applicants and employees who may have contact with youth directly about previous misconduct described in subparagraph (A) of this paragraph in written applications or interviews for hiring or promotion and in any interviews or written self-evaluations conducted as part of reviews of current employees. TJJD employees have a continuing affirmative duty to disclose any such misconduct. Material omissions regarding such misconduct or the provision of materially false information is grounds for termination of employment.

(G) Unless prohibited by law, TJJD provides information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the former employee has applied to work.

#### Interviews:

- PREA Coordinator
- Human Resources/Background Clearance Staff
- Random Staff

The agency policy excludes from employment and automatically rejects applicant who has engaged in sexual abuse in a prison, jail, lockup, juvenile facility or other institution; who has been convicted of engaging or attempting to engage in sexual activity facilitated by force, or if the victim did not consent or was unable to consent or refuse; or who has been civilly or administratively adjudicated to have engaged in the aforementioned. Also, the agency states explicitly in policy 380.9337 that the agency shall consider any incidents of sexual harassment when hiring or promoting any employee.

During the hiring process a TJJD candidate will receive numerous documents to sign which grants the agency permission to conduct a thorough background check. The background check involves a fingerprint check and a child abuse registry check. If a candidate has prior institutional experience the agency will contact the candidates' previous employer to ensure their separation from employment was not during a sexual abuse investigation. Current TJJD employees will go through an annual background check that falls on their anniversary date. The annual background check process that has been

implemented into TJJD's practice far exceeds the PREA standard of five years. The policy also states, that material omissions regarding such misconduct is grounds for termination of employment.

In the past 12 months, the facility hired five (5) new staff members and has three (3) contractors who may have contact with the residents. During the documentation review process the auditor reviewed the agencies background clearance documentation and confirmed with the staff members interviewed that they went through a background check.

The TJJD policy will allow for the release of information on substantiated allegations of sexual abuse or sexual harassment involving a former employee upon receiving a request from an institutional employer for whom the former employee has applied to work. According to the human resource staff there is no barrier to sharing substantiated findings as long as the agency has received prior approval.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility exceeds compliance with this standard regarding hiring and promotion decisions. No corrective action is required.

## Standard 115.318: Upgrades to facilities and technologies

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.318 (a)

- If the agency designed or acquired any new facility or planned any substantial expansion or modification of existing facilities, did the agency consider the effect of the design, acquisition, expansion, or modification upon the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not acquired a new facility or made a substantial expansion to existing facilities since August 20, 2012, or since the last PREA audit, whichever is later.)  
☐ Yes ☐ No ☒ NA

### 115.318 (b)

- If the agency installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology, did the agency consider how such technology may enhance the agency's ability to protect residents from sexual abuse? (N/A if agency/facility has not installed or updated a video monitoring system, electronic surveillance system, or other monitoring technology since August 20, 2012, or since the last PREA audit, whichever is later.)  
☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)

- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Edna Tamayo Facility Map and Camera Placements
- TJJD Memo signed by the Superintendent and dated on July 1, 2020

#### (7) Upgrades to Facilities and Technologies.

(A) When designing or acquiring any new facility and in planning any substantial expansion or modification of existing facilities, TJJD considers the effect of the design, acquisition, expansion, or modification on the agency's ability to protect youth from sexual abuse.

(B) When installing or updating a video monitoring system, electronic surveillance system, or other monitoring technology, TJJD considers how such technology may enhance the agency's ability to protect youth from sexual abuse.

#### Interviews:

- Executive Director
- Superintendent

There have not been any modifications to the infrastructure of the facility or the current video monitoring system since the last PREA Audit in 2017. According to the Executive Director during her interview TJJD has been awarded funding to install video monitoring that will include audio. The project is slated to begin in 2021.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the agency and facility is in compliance with this standard regarding upgrades to facilities and technologies. No corrective action is required.

## RESPONSIVE PLANNING

### Standard 115.321: Evidence protocol and forensic medical examinations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.321 (a)

- If the agency is responsible for investigating allegations of sexual abuse, does the agency follow a uniform evidence protocol that maximizes the potential for obtaining usable physical evidence for administrative proceedings and criminal prosecutions? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.)  
☐ Yes ☐ No ☒ NA

#### 115.321 (b)

- Is this protocol developmentally appropriate for youth where applicable? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA
- Is this protocol, as appropriate, adapted from or otherwise based on the most recent edition of the U.S. Department of Justice's Office on Violence Against Women publication, "A National Protocol for Sexual Assault Medical Forensic Examinations, Adults/Adolescents," or similarly comprehensive and authoritative protocols developed after 2011? (N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations.) ☐ Yes ☐ No ☒ NA

#### 115.321 (c)

- Does the agency offer all residents who experience sexual abuse access to forensic medical examinations, whether on-site or at an outside facility, without financial cost, where evidentiarily or medically appropriate? ☒ Yes ☐ No
- Are such examinations performed by Sexual Assault Forensic Examiners (SAFEs) or Sexual Assault Nurse Examiners (SANEs) where possible? ☒ Yes ☐ No
- If SAFEs or SANEs cannot be made available, is the examination performed by other qualified medical practitioners (they must have been specifically trained to conduct sexual assault forensic exams)? ☒ Yes ☐ No
- Has the agency documented its efforts to provide SAFEs or SANEs? ☒ Yes ☐ No

#### 115.321 (d)

- Does the agency attempt to make available to the victim a victim advocate from a rape crisis center? ☒ Yes ☐ No
- If a rape crisis center is not available to provide victim advocate services, does the agency make available to provide these services a qualified staff member from a community-based organization, or a qualified agency staff member? (N/A if the agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA
- Has the agency documented its efforts to secure services from rape crisis centers? ☒ Yes ☐ No

#### 115.321 (e)

- As requested by the victim, does the victim advocate, qualified agency staff member, or qualified community-based organization staff member accompany and support the victim through the forensic medical examination process and investigatory interviews? ☒ Yes ☐ No
- As requested by the victim, does this person provide emotional support, crisis intervention, information, and referrals? ☒ Yes ☐ No

#### 115.321 (f)

- If the agency itself is not responsible for investigating allegations of sexual abuse, has the agency requested that the investigating agency follow the requirements of paragraphs (a) through (e) of this section? (N/A if the agency/facility is responsible for conducting criminal AND administrative sexual abuse investigations.) ☒ Yes ☐ No ☐ NA

#### 115.321 (g)

- Auditor is not required to audit this provision.

#### 115.321 (h)

- If the agency uses a qualified agency staff member or a qualified community-based staff member for the purposes of this section, has the individual been screened for appropriateness to serve in this role and received education concerning sexual assault and forensic examination issues in general? (N/A if agency *always* makes a victim advocate from a rape crisis center available to victims.) ☐ Yes ☐ No ☒ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Memorandum of Understanding between Edna Tamayo and Purple Door Rape Crisis Center
- Purple Door Rape Crisis Center posters (English and Spanish)
- Photographs of the Purple Door Rape Crisis Center posters posted in the facility
- Photograph of Independent Ombudsman for Juvenile Justice hotline number posted in the facility

*115.321(a)-1 The agency/facility is responsible for conducting administrative or criminal sexual abuse investigations (including resident-on-resident sexual abuse or staff sexual misconduct).*

### **(2) Policies to Ensure Referrals of Allegations for Investigations.**

(A) The TJJD Office of Inspector General (OIG) reviews all allegations of sexual abuse and sexual harassment and assigns each allegation to the appropriate TJJD department to complete a criminal investigation, administrative investigation, or both.

(B) Under Texas Human Resources Code §242.102, the OIG is authorized to conduct criminal investigations.

*115.321(c)-1 The facility offers to all residents who experience sexual abuse access to forensic medical examinations.*

(B) When evidentiary or medically appropriate, TJJD transports youth who experience sexual abuse to a hospital, clinic, or emergency room that can provide for medical examination by a Sexual Assault Nurse Examiner (SANE), Sexual Assault Forensic Examiner (SAFE), or other qualified medical practitioners. All such medical examinations are provided at no financial cost to the youth.

*115.321(d)-1 The facility attempts to make a victim advocate from a rape crisis center available to the victim, in person or by other means.*

*115.321(e)-1 If requested by the victim, a victim advocate, or qualified agency staff member, or qualified community-based organization staff member accompanies and supports the victim through the*



*forensic medical examination process and investigatory interviews and provides emotional support, crisis intervention, information, and referrals.*

(C) If requested by a youth who experiences sexual abuse, a victim advocate will accompany and support the youth through the forensic medical examination and investigatory interviews. The victim advocate provides emotional support, crisis intervention, information, and referrals.

(D) TJJD seeks to secure victim advocacy services from local rape crisis centers. If a rape crisis center is not available, TJJD makes these services available through a qualified staff member from a community-based organization or from a qualified TJJD staff member who has been screened for appropriateness to serve in this role and has received education concerning sexual assault and forensic examination issues.

*115.321(f)-1 If the agency is not responsible for investigating administrative or criminal allegations of sexual abuse and relies on another agency to conduct these investigations, the agency has requested that the responsible agency follow the requirements of paragraphs §115.321 (a) through (e) of the standards. Check NA if the agency/facility is responsible for administrative and criminal investigations.*

**(f) Responsive Planning.**

**(1) Evidence Protocol and Forensic Medical Examinations.**

(A) TJJD follows a uniform evidence protocol when responding to allegations of sexual abuse. The evidence protocol must be developmentally appropriate for youth.

**Interviews:**

- SANE Staff
- Random Staff

The Office of Inspector General (OIG) is the agency responsible for conducting criminal and administrative investigations. All investigations would be conducted according to standard investigatory protocols. All allegations that could potentially be criminal are referred directly from the OIG criminal investigator to the special prosecutor. The PAQ provided to the auditor, indicated there have been zero (0) allegations of sexual abuse that required a forensic examination or the services of an advocate for emotional support in the past 12 months. Edna Tamayo does not employ medical staff. All residents would be transported to the Valley Baptist Medical Center for a forensic examination. Valley Baptist does not have a SANE nurse on staff but has an on-call SANE nurse that they can call should a resident require an exam. Additionally, Valley Baptist would provide testing, STD Prophylaxis and options as medically determined. The Valley Baptist Medical Center would also be the agency to provide testing, STD Prophylaxis, and additional follow-up care as indicated by written discharge orders since Edna Tamayo does not employ medical personnel. Edna Tamayo did not have any criminal PREA cases/allegations in the prior 12 months.

Also, Edna Tamayo has a memorandum of understanding with the Purple Door Rape Crisis Center that will allow the residents to call the rape crisis center hotline number. All new admissions to Edna Tamayo will receive information about the Purple Door within ten (10) calendar days of their admission. The Purple Door will provide a victim advocate if requested by a victim of sexual abuse.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidence protocol and forensic medical examinations. No corrective action is required.

## **Standard 115.322: Policies to ensure referrals of allegations for investigations**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.322 (a)**

- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual abuse? ☒ Yes ☐ No
- Does the agency ensure an administrative or criminal investigation is completed for all allegations of sexual harassment? ☒ Yes ☐ No

#### **115.322 (b)**

- Does the agency have a policy and practice in place to ensure that allegations of sexual abuse or sexual harassment are referred for investigation to an agency with the legal authority to conduct criminal investigations, unless the allegation does not involve potentially criminal behavior? ☒ Yes ☐ No
- Has the agency published such policy on its website or, if it does not have one, made the policy available through other means? ☒ Yes ☐ No
- Does the agency document all such referrals? ☒ Yes ☐ No

#### **115.322 (c)**

- If a separate entity is responsible for conducting criminal investigations, does the policy describe the responsibilities of both the agency and the investigating entity? (N/A if the agency/facility is responsible for criminal investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

#### **115.322 (d)**

- Auditor is not required to audit this provision.

#### **115.322 (e)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Office of Inspector General Investigation Procedures

*115.322(a)-1 The agency ensures that an administrative or criminal investigation is completed for all allegations of sexual abuse and sexual harassment.*

*115.322(b)-1 The agency has a policy that requires allegations of sexual abuse or sexual harassment be referred for investigation to an agency with the legal authority to conduct criminal investigations, including the agency if it conducts its own investigations, unless the allegation does not involve potentially criminal behavior.*

#### (2) Policies to Ensure Referrals of Allegations for Investigations.

(A) The TJJD Office of Inspector General (OIG) reviews all allegations of sexual abuse and sexual harassment and assigns each allegation to the appropriate TJJD department to complete a criminal investigation, administrative investigation, or both.

(B) Under Texas Human Resources Code §242.102, the OIG is authorized to conduct criminal investigations.

#### Interviews:

- Superintendent
- Investigative Staff
- PREA Coordinator

According to the policy all allegations of sexual misconduct will be taken seriously and investigated thoroughly by a trained investigator. Investigations will be conducted in a timely manner and administrative investigators shall impose no standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated. The standard for criminal investigations would be based on the state statute. A report made to the Internal Reporting

Center (IRC) will be forwarded to the OIG who will determine if there is a criminal element to the allegation. The OIG unit is intended to provide the most effective and efficient delivery of services and to ensure a department that is independent of TJJD would conduct the investigation. The facility PAQ reports there were zero (0) allegations of sexual abuse or sexual harassment in the past 12 months.

The agency website has information for reporting allegations of abuse. The website states, "The investigative staff of the TJD Office of Inspector General (OIG) and the TJJD Administrative Investigations Department has received and will continue to receive specialized training in conducting investigations into sexual assault, sexual abuse, and sexual harassment." Interviews with administrators, specialized and direct care staff confirmed that staff were knowledgeable of reporting requirements and procedures and all acknowledged they are mandated reporters.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding policies to ensure referrals of allegations for investigations. No corrective action is required.

## TRAINING AND EDUCATION

### Standard 115.331: Employee training

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.331 (a)

- Does the agency train all employees who may have contact with residents on its zero-tolerance policy for sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to fulfill their responsibilities under agency sexual abuse and sexual harassment prevention, detection, reporting, and response policies and procedures? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on residents' right to be free from sexual abuse and sexual harassment ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the right of residents and employees to be free from retaliation for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the dynamics of sexual abuse and sexual harassment in juvenile facilities? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on the common reactions of juvenile victims of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to avoid inappropriate relationships with residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents? ☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on how to comply with relevant laws related to mandatory reporting of sexual abuse to outside authorities?  
☒ Yes ☐ No
- Does the agency train all employees who may have contact with residents on relevant laws regarding the applicable age of consent? ☒ Yes ☐ No

#### 115.331 (b)

- Is such training tailored to the unique needs and attributes of residents of juvenile facilities?  
☒ Yes ☐ No
- Is such training tailored to the gender of the residents at the employee's facility? ☒ Yes ☐ No
- Have employees received additional training if reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa? ☒ Yes ☐ No

#### 115.331 (c)

- Have all current employees who may have contact with residents received such training?  
☒ Yes ☐ No
- Does the agency provide each employee with refresher training every two years to ensure that all employees know the agency's current sexual abuse and sexual harassment policies and procedures? ☒ Yes ☐ No
- In years in which an employee does not receive refresher training, does the agency provide refresher information on current sexual abuse and sexual harassment policies? ☒ Yes ☐ No

#### 115.331 (d)

- Does the agency document, through employee signature or electronic verification, that employees understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Daily Observation Report (DOR) – Pat Search Procedures
- Sample TJJD Daily Observation Report
- LGBTQI Definitions Handout Training Document
- TJJD Gender and Sexuality Training Academy Lesson Plan
- TJJD PREA Training Academy Lesson Plan
- Trauma in LGBTQ Youth Training PowerPoint

*115.331(a)-1 The agency trains all employees who may have contact with residents in the following matters (check all that apply and indicate where in training curriculum this information is covered):*

**(g) Training and Education.**

**(1) Employee Training.**

(A) TJJD provides PREA-related training to all employees who may have contact with youth. The training is tailored to the unique needs and attributes of youth in juvenile facilities and to the specific gender(s) represented at the facility. The training addresses:

- (i) the zero-tolerance policy for sexual abuse, sexual harassment, and sexual activity;
- (ii) how to fulfill employees' responsibilities to prevent, detect, report, and respond to sexual abuse and sexual harassment;
- (iii) youths' right to be free from sexual abuse and sexual harassment;
- (iv) the right of youth and employees to be free from retaliation for reporting sexual abuse and sexual harassment;
- (v) the dynamics of sexual abuse and sexual harassment in juvenile facilities;
- (vi) the common reactions of juvenile victims of sexual abuse and sexual harassment;
- (vii) how to detect and respond to signs of threatened and actual sexual abuse and how to distinguish between consensual sexual contact and sexual abuse between youth;
- (viii) how to avoid inappropriate relationships with youth;
- (ix) how to communicate effectively and professionally with youth, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming youth;
- (x) how to comply with relevant laws related to mandatory reporting of sexual abuse; and
- (xi) relevant laws and rules regarding consent.

*115.331(b)-1 Training is tailored to the unique needs and attributes and gender of the residents at the facility.*

(B) TJJD requires all employees to receive the PREA-related training annually. An employee must receive additional training if he/she is reassigned from a male-only facility to a female-only facility or vice versa.

*115.331(d)-1 The agency documents that employees who may have contact with residents understand the training they have received through employee signature or electronic verification.*

(C) TJJD documents employees' written verification that they understand the training they have received.

**Interviews:**

- PREA Coordinator
- Specialized Staff
- Random Staff

All new full-time employees receive orientation training before undertaking their assignments. Current staff also receive annual ongoing training. The auditor reviewed two (2) lesson plans both are slated for 3 hours; one curriculum was titled "Prison Rape Elimination Act (PREA)" and the other is "Gender and Sexuality: A Changing Perspective." The PREA curriculum is designed to provide an overview of the PREA standards, describe how PREA compliance will prevent incidents of sexual abuse in TJJD facilities; and the Gender and Sexuality curriculum examines sexual orientation, gender identity, and gender expression related issues.

Between annual trainings the facility will provide refresher trainings through communication bulletins, during meetings, and as need outside of formal trainings. The auditor received and reviewed signed training acknowledgment forms as well as training transcripts, which demonstrated the staff received annual PREA training per the TJJD policy.

During staff interviews the staff were fluent in explaining how they would make a report if they received a disclosure, their first responder duties, and how to secure the scene when there is an allegation of sexual abuse that requires the collection of evidence.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with the standard regarding employee training. No corrective action is required.

## **Standard 115.332: Volunteer and contractor training**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.332 (a)**

- Has the agency ensured that all volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's sexual abuse and sexual harassment prevention, detection, and response policies and procedures? ☒ Yes ☐ No

#### **115.332 (b)**

- Have all volunteers and contractors who have contact with residents been notified of the agency's zero-tolerance policy regarding sexual abuse and sexual harassment and informed how to report such incidents (the level and type of training provided to volunteers and contractors shall be based on the services they provide and level of contact they have with residents)? ☒ Yes ☐ No



### 115.332 (c)

- Does the agency maintain documentation confirming that volunteers and contractors understand the training they have received? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Contractor Training Manual
- TJJD Volunteer Orientation Letter
- PREA Training Chapters
- Contractors/Teachers PREA Acknowledgement Form (Sample size: 6)

*115.332(a)-1 All volunteers and contractors who have contact with residents have been trained on their responsibilities under the agency's policies and procedures regarding sexual abuse and sexual harassment prevention, detection, and response.*

#### Interviews:

- Contract Staff (Medical)
- Volunteer (Chaplain Assistant)

#### (2) Volunteer and Contractor Training.

TJJD ensures and documents that all volunteers and contractors who have direct access to youth have been trained on and understand their responsibilities under this rule and any other related TJJD policies and procedures.

#### Interviewed:

- Volunteer

Contractors and volunteers are required to complete PREA training for those that have direct access with residents. The training is provided to help the contractors and volunteers to understand their responsibilities under the agency's PREA policy. The Edna Tamayo PAQ indicates the facility has five (5) approved contractors and volunteers who can access the facility to provide services.

An interview with a facility contract provider and volunteer indicated they received training that was similar to the training provided for the Youth Development Coaches. The contractor was able to describe what to look for to prevent sexual abuse and sexual harassment and how to make a report when there is a disclosure. They were clear about their professional boundaries and how to assess the boundaries of others.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding volunteer and contractor training. No corrective action is required.

## Standard 115.333: Resident education

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.333 (a)

- During intake, do residents receive information explaining the agency's zero-tolerance policy regarding sexual abuse and sexual harassment? ☒ Yes ☐ No
- During intake, do residents receive information explaining how to report incidents or suspicions of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Is this information presented in an age-appropriate fashion? ☒ Yes ☐ No

### 115.333 (b)

- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from sexual abuse and sexual harassment? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Their rights to be free from retaliation for reporting such incidents? ☒ Yes ☐ No
- Within 10 days of intake, does the agency provide age-appropriate comprehensive education to residents either in person or through video regarding: Agency policies and procedures for responding to such incidents? ☒ Yes ☐ No

#### 115.333 (c)

- Have all residents received the comprehensive education referenced in 115.333(b)?  
☒ Yes   ☐ No
- Do residents receive education upon transfer to a different facility to the extent that the policies and procedures of the resident's new facility differ from those of the previous facility?  
☒ Yes   ☐ No

#### 115.333 (d)

- Does the agency provide resident education in formats accessible to all residents including those who: Are limited English proficient? ☒ Yes   ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are deaf? ☒ Yes   ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are visually impaired? ☒ Yes   ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Are otherwise disabled? ☒ Yes   ☐ No
- Does the agency provide resident education in formats accessible to all residents including those who: Have limited reading skills? ☒ Yes   ☐ No

#### 115.333 (e)

- Does the agency maintain documentation of resident participation in these education sessions?  
☒ Yes   ☐ No

#### 115.333 (f)

- In addition to providing such education, does the agency ensure that key information is continuously and readily available or visible to residents through posters, resident handbooks, or other written formats? ☒ Yes   ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Sample Youth Handbook and Basic Rights Pamphlet
- PREA Orientation Training and Acknowledgment (Sample Size: 4)
- Edna Tamayo Orientation Checklist
- PREA Script (English & Spanish)
- Revised Youth Handbook and PREA Orientation
- TJJD Safeguarding Your Sexual Safety Youth Education Videos (English & Spanish)

*115.333(a)-1 Residents receive information at time of intake about the zero-tolerance policy and how to report incidents or suspicions of sexual abuse or sexual harassment.*

### (3) Youth Education.

(A) During the admission process, TJJD provides youth with age-appropriate information about the agency's zero-tolerance policy and how to report incidents or suspicions of sexual abuse, sexual harassment, or sexual activity.

(C) When a youth is transferred to a different TJJD-operated facility, TJJD

*115.333(b)-1 The number of residents admitted in the past 12 months who received comprehensive age-appropriate education on their rights to be free from sexual abuse and sexual harassment, from retaliation for reporting such incidents, and on agency policies and procedures for responding to such incidents within 10 days of intake:*

(B) Within 10 calendar days after admission, TJJD provides comprehensive, age-appropriate education to youth about:

- (i) their rights to be free from sexual abuse, sexual harassment, and retaliation for reporting such incidents; and
- (ii) agency policies and procedures for responding to such incidents.

*115.333 (e)-1 The agency maintains documentation of resident participation in PREA education sessions.*

### Interviews:

- Random Staff
- Residents

Residents receive PREA training upon intake. The policy is silent if the youth receive the required training modules upon intake; 1) zero-tolerance policy, and 2) how to report incidents or suspicions or sexual abuse or sexual harassment; however, resident interviews demonstrated the youth are receiving the necessary information. The facility PAQ indicates the facility admitted eighty-nine (89) residents who received PREA information upon intake; however, only seventy-nine (79) of those residents were present 10 days after the admission and received PREA education. The information is delivered to the resident via verbal communication and a brochure, and upon receiving the information the resident will sign the Receipt of Youth Handbook and Basic Rights Pamphlet. The resident will receive additional PREA information within ten (10) days of their admission, the resident will sign the PREA Orientation Training and Acknowledgment.

Edna Tamayo also had zero tolerance and the Purple Door posters posted throughout the facility. The auditor observed the posters during the virtual tour that the posters were posted near the resident blue telephones.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident education. No corrective action is required.

## **Standard 115.334: Specialized training: Investigations**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.334 (a)**

- In addition to the general training provided to all employees pursuant to §115.331, does the agency ensure that, to the extent the agency itself conducts sexual abuse investigations, its investigators have received training in conducting such investigations in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  
☒ Yes   ☐ No   ☐ NA

### **115.334 (b)**

- Does this specialized training include techniques for interviewing juvenile sexual abuse victims? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes   ☐ No   ☐ NA
- Does this specialized training include proper use of Miranda and Garrity warnings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes   ☐ No   ☐ NA
- Does this specialized training include sexual abuse evidence collection in confinement settings? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes   ☐ No   ☐ NA

- Does this specialized training include the criteria and evidence required to substantiate a case for administrative action or prosecution referral? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  
☒ Yes   ☐ No   ☐ NA

#### 115.334 (c)

- Does the agency maintain documentation that agency investigators have completed the required specialized training in conducting sexual abuse investigations? (N/A if the agency does not conduct any form of administrative or criminal sexual abuse investigations. See 115.321(a).)  
☒ Yes   ☐ No   ☐ NA

#### 115.334 (d)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- NIC PREA: Investigating Sexual Abuse in a Confinement Setting Training Certificate (Sample Size: 2)
- Edna Tamayo OIG Investigator List
- TJJD Conducting Quality Investigations Training Academy Lesson Plan
- TJJD Conducting Quality Investigations Training Academy PowerPoint
- TJJD Interview and Interrogation Internal/Administrative Investigations PowerPoint
- Office of Inspector General Procedure for Investigations
- Sexual Abuse Investigations Lesson Plan
- Sexual Abuse Investigations PowerPoint

115.334(a)-1 Agency policy requires that investigators are trained in conducting sexual abuse investigations in confinement settings. Check NA if the agency does not conduct administrative or criminal sexual abuse investigations.

**(4) Specialized Training: Investigations.**

(A) TJJD staff members who investigate allegations of sexual abuse receive specialized training that includes:

- (i) techniques for interviewing juvenile sexual abuse victims;
- (ii) proper use of *Miranda* and *Garrity* warnings;
- (iii) sexual abuse evidence collection in confinement settings; and
- (iv) criteria and evidence required to substantiate a case for administrative action or prosecution referral.

(B) TJJD maintains documentation that such training has been completed.

**Interviews:**

- Two Investigators
- PREA Coordinator
- PREA Compliance Manager

The OIG investigators conduct the administrative and criminal investigations. The investigators are associated with TJJD but are not under the authority of TJJD. The investigators communicated that they have completed the NIC investigations training as well as ongoing trainings offered in the community to law enforcement agencies; as well as trainings offered through the OIG. All sexual abuse and sexual harassment allegations are referred to the OIG for investigation for either a criminal or administrative investigation, or both.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for investigations. No corrective action is required.

## **Standard 115.335: Specialized training: Medical and mental health care**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.335 (a)**

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to detect and assess signs of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
☒ Yes   ☐ No   ☐ NA

- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to preserve physical evidence of sexual abuse? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How to respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that all full- and part-time medical and mental health care practitioners who work regularly in its facilities have been trained in: How and to whom to report allegations or suspicions of sexual abuse and sexual harassment? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.335 (b)

- If medical staff employed by the agency conduct forensic examinations, do such medical staff receive appropriate training to conduct such examinations? (N/A if agency medical staff at the facility do not conduct forensic exams or the agency does not employ medical staff.)  
☐ Yes ☐ No ☒ NA

#### 115.335 (c)

- Does the agency maintain documentation that medical and mental health practitioners have received the training referenced in this standard either from the agency or elsewhere? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.) ☒ Yes ☐ No ☐ NA

#### 115.335 (d)

- Do medical and mental health care practitioners employed by the agency also receive training mandated for employees by §115.331? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners who work regularly in its facilities.)  
☒ Yes ☐ No ☐ NA
- Do medical and mental health care practitioners contracted by or volunteering for the agency also receive training mandated for contractors and volunteers by §115.332? (N/A if the agency does not have any full- or part-time medical or mental health care practitioners contracted by or volunteering for the agency.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)



- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment

*115.335(a)-1 The agency has a policy related to the training of medical and mental health practitioners who work regularly in its facilities.*

#### (5) Specialized Training: Medical and Mental Health Care.

TJJD ensures and maintains documentation that all full and part-time medical and mental health practitioners who work in TJJD-operated facilities have been trained in how to:

- (A) detect and assess signs of sexual abuse and sexual harassment;
- (B) preserve physical evidence of sexual abuse;
- (C) respond effectively and professionally to juvenile victims of sexual abuse and sexual harassment; and
- (D) report allegations or suspicions of sexual abuse and sexual harassment and to whom such reports must be made.

#### Interviews:

- Mental Health Professional

The facility does not have a full-time or part-time medical practitioner or a mental health professional. There is a full-time substance abuse counselor who receives annual PREA training that is consistent with the training offered to full-time employees. The interview with the Edna Tamayo MHP contractor indicated she receives PREA training every time she has to renew her contract. She stated the training provides her with information on her duty to report allegations of sexual abuse and sexual harassment and how to make a report to the facility. She indicated she also completed the NIC online training. She stated she understands her role in the facility's coordinated response is to provide follow-up crisis care and trauma care. She stated she is a mandatory reporter and as a result she would make a report when she has knowledge or suspicion that an Edna Tamayo resident has been sexually abused. She stated she would work closely with the facility to prevent, detect, and respond to incidents of sexual abuse and sexual harassment.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding specialized training for medical and mental health care. No corrective action is required.

## **SCREENING FOR RISK OF SEXUAL VICTIMIZATION AND ABUSIVENESS**

### **Standard 115.341: Screening for risk of victimization and abusiveness**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.341 (a)**

- Within 72 hours of the resident's arrival at the facility, does the agency obtain and use information about each resident's personal history and behavior to reduce risk of sexual abuse by or upon a resident? ☒ Yes ☐ No
- Does the agency also obtain this information periodically throughout a resident's confinement? ☒ Yes ☐ No

#### **115.341 (b)**

- Are all PREA screening assessments conducted using an objective screening instrument? ☒ Yes ☐ No

#### **115.341 (c)**

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (1) Prior sexual victimization or abusiveness? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (2) Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the resident may therefore be vulnerable to sexual abuse? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (3) Current charges and offense history? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (4) Age? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (5) Level of emotional and cognitive development? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (6) Physical size and stature? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (7) Mental illness or mental disabilities? ☒ Yes ☐ No

- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (8) Intellectual or developmental disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (9) Physical disabilities? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (10) The residents' own perception of vulnerability? ☒ Yes ☐ No
- During these PREA screening assessments, at a minimum, does the agency attempt to ascertain information about: (11) Any other specific information about individual residents that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other residents? ☒ Yes ☐ No

#### 115.341 (d)

- Is this information ascertained through conversations with the resident during the intake process and medical mental health screenings? ☒ Yes ☐ No
- Is this information ascertained during classification assessments? ☒ Yes ☐ No
- Is this information ascertained by reviewing court records, case files, facility behavioral records, and other relevant documentation from the resident's files? ☒ Yes ☐ No

#### 115.341 (e)

- Has the agency implemented appropriate controls on the dissemination within the facility of responses to questions asked pursuant to this standard in order to ensure that sensitive information is not exploited to the resident's detriment by staff or other residents? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does*

*not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Sample Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization
- Edna Tamayo Reassessment Tracking Sheet

*115.341(a)-1 The agency has a policy that requires screening (upon admission to a facility or transfer to another facility) for risk of sexual abuse victimization or sexual abusiveness toward other residents.*

**(h) Screening for Risk of Sexual Victimization and Abusiveness.**

**(1) Obtaining Information from Youth.**

(A) Within 72 hours after a youth's admission to TJJD, TJJD uses an objective screening instrument to obtain information about the youth's personal history and behavior to reduce the risk of sexual abuse by or upon another youth. Periodically throughout the youth's stay, information from the screening instrument is used to reassess housing and supervision assignments.

(B) TJJD establishes appropriate controls to prevent sensitive information obtained from these screenings from being exploited to the youth's detriment by staff or other youth.

Interviews:

- Intake Staff
- Random Residents

When a resident is admitted to Edna Tamayo they are admitted as a transfer from another TJJD facility. The resident will be screened for vulnerability for victimization and sexually aggressive behavior prior to the facility making a room assignment. Resident vulnerability assessments will be conducted and documented within 24-hours of the resident's admission. The risk assessment tool contains all of the eleven (11) elements required by paragraph (c) of the standard. The staff member responsible for completing the risk assessment explained that in addition to completing the risk screening tool they review the resident's case file and review any collateral information available. Eighty-nine (89) residents entered the facility in the past 12 months whose length of stay in the facility was for 72 hours or more. The resident will be re-assessed every 90-days or when the resident was involved in a critical incident.

The Edna Tamayo MHP is responsible for completing the risk screening tool which is commonly referred to as the Safe Housing Risk screening. Once the risk assessment has been completed, the resident's risk information will be provided to staff by updating the room chart which details the resident's room assignment and risk levels. Staff report they conduct and document an assessment of every resident at the time of intake or within 72 hours after a resident's arrival, as required per the facility policy. All staff and all residents interviewed confirmed this practice occurs. Residents are re-assessed at each new intake or return to the facility and any time circumstances dictate it is appropriate.

Interviews with all of the residents indicate they were asked during their admission if they identify as lesbian, gay or bisexual; what was their gender identity; if they had a history of sexual abuse; and if they felt safe in the facility. Each resident indicated they understood the questions were asked to protect them and because the facility had a need to know.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding screening for risk of victimization and abusiveness. No corrective action is required.

## Standard 115.342: Use of screening information

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### 115.342 (a)

- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Housing Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Bed assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Work Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Education Assignments? ☒ Yes ☐ No
- Does the agency use all of the information obtained pursuant to § 115.341 and subsequently, with the goal of keeping all residents safe and free from sexual abuse, to make: Program Assignments? ☒ Yes ☐ No

### 115.342 (b)

- Are residents isolated from others only as a last resort when less restrictive measures are inadequate to keep them and other residents safe, and then only until an alternative means of keeping all residents safe can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- During any period of isolation, does the agency always refrain from denying residents daily large-muscle exercise? (N/A if the facility *never* places residents in isolation for any reason.)

☒ Yes ☐ No ☐ NA

- During any period of isolation, does the agency always refrain from denying residents any legally required educational programming or special education services? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation receive daily visits from a medical or mental health care clinician? (N/A if the facility *never* places residents in isolation for any reason.) ☒ Yes ☐ No ☐ NA
- Do residents in isolation also have access to other programs and work opportunities to the extent possible? (N/A if the facility *never* places residents in isolation for any reason.)  
☒ Yes ☐ No ☐ NA

#### 115.342 (c)

- Does the agency always refrain from placing lesbian, gay, and bisexual (LGB) residents in particular housing, bed, or other assignments solely on the basis of such identification or status?  
☒ Yes ☐ No
- Does the agency always refrain from placing transgender residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from placing intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status? ☒ Yes ☐ No
- Does the agency always refrain from considering lesbian, gay, bisexual, transgender, or intersex (LGBTI) identification or status as an indicator or likelihood of being sexually abusive?  
☒ Yes ☐ No

#### 115.342 (d)

- When deciding whether to assign a transgender or intersex resident to a facility for male or female residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems (NOTE: if an agency by policy or practice assigns residents to a male or female facility on the basis of anatomy alone, that agency is not in compliance with this standard)? ☒ Yes ☐ No
- When making housing or other program assignments for transgender or intersex residents, does the agency consider, on a case-by-case basis, whether a placement would ensure the resident's health and safety, and whether a placement would present management or security problems? ☒ Yes ☐ No

#### 115.342 (e)

- Are placement and programming assignments for each transgender or intersex resident reassessed at least twice each year to review any threats to safety experienced by the resident?  
☒ Yes ☐ No

#### 115.342 (f)

- Are each transgender or intersex resident's own views with respect to his or her own safety given serious consideration when making facility and housing placement decisions and programming assignments? ☒ Yes ☐ No

#### 115.342 (g)

- Are transgender and intersex residents given the opportunity to shower separately from other residents? ☒ Yes ☐ No

#### 115.342 (h)

- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The basis for the facility's concern for the resident's safety? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA
- If a resident is isolated pursuant to provision (b) of this section, does the facility clearly document: The reason why no alternative means of separation can be arranged? (N/A if the facility *never* places residents in isolation for any reason.) ☐ Yes ☐ No ☒ NA

#### 115.342 (i)

- In the case of each resident who is isolated as a last resort when less restrictive measures are inadequate to keep them and other residents safe, does the facility afford a review to determine whether there is a continuing need for separation from the general population EVERY 30 DAYS? (N/A if the facility *never* places residents in isolation for any reason.)  
☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*



Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.380.9745 Protective Custody for Youth at Risk of Self-Harm
- TJJD Policy GAP.380.9739 Isolation
- Sample Safe Housing Assessment
- Sample Safe Housing Re-assessment
- TJJD CMS.01.75 Procedures for Safe Housing Placement
- Edna Tamayo Dorm Census Report
- Edna Tamayo Room Chart

*115.342 (b)-1 The facility has a policy that residents at risk of sexual victimization may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.*

TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment  
**(2) Placement of Youth in Housing, Bed, Program, Education, and Work Assignments.**

(A) TJJD uses all information obtained under paragraph (1) of this subsection to make housing, bed, program, education, and work assignments for youth.

(B) Except under limited situations involving self-injury set forth in [§380.9745](#) of this title, TJJD does not place youth in isolation as a means of protection.

*115.342 (c)-1 The facility prohibits placing lesbian, gay, bisexual, transgender, or intersex residents in particular housing, bed, or other assignments solely on the basis of such identification or status.*

(C) Lesbian, gay, bisexual, transgender, or intersex youth are not placed in particular housing, bed, or other assignments solely on the basis of such identification or status. TJJD does not consider such identification or status as an indicator of likelihood of being sexually abusive.

*115.342 (d)-1 The agency or facility makes housing and program assignments for transgender or intersex residents in a facility on a case-by-case basis*

(D) For each transgender or intersex youth, TJJD:

(i) makes a case-by-case determination when assigning the youth to a male or female facility and when making other housing and programming assignments, considering the youth's health and safety and any management or security concerns;

(ii) gives serious consideration to the youth's own views concerning his/her own safety when making placement and programming assignments;

(iii) reassesses the placement and programming assignments at least twice each year to review any threats to safety experienced by the youth; and

(iv) provides the opportunity to shower separately from other youth.

*115.342 (i)-1 If a resident at risk of sexual victimization is held in isolation, the facility affords each such resident a review every 30 days to determine whether there is a continuing need for separation from the general population.*

TJJD Policy GAP.380.9739 Isolation

(e) **Release.**

(1) A youth placed in isolation must be released within three hours or be referred to the security program.

(2) Isolation must be terminated as soon as a youth is sufficiently under control so as to no longer pose a serious and immediate danger to himself/herself or others.

Interviews:

- Intake Staff
- Random Staff
- Random Resident

Each resident at Edna Tamayo will be housed based on his room assessment. The facility does not have designated rooms for LGBTQI residents; therefore, room assignments will not be based solely on the resident's sexual orientation or gender identity. Housing, bed, program, education, and work assignments are based on information obtained from assessments/risk screenings and any collateral information that is relevant to the resident.

The protective custody policy only allows for the temporary placement of a resident who are determined to be at risk or serious harm to themselves. Edna Tamayo does not have a room or area within the facility that is designated for a resident to be placed on protective custody. All of the resident rooms can house up to four (4) residents. The Superintendent stated there has not been a time over the past 12 months that they have had to house a resident in a single person room for their safety or the safety of others.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding use of screening information. No corrective action is required.

## REPORTING

### Standard 115.351: Resident reporting

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.351 (a)

- Does the agency provide multiple internal ways for residents to privately report: Sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Retaliation by other residents or staff for reporting sexual abuse and sexual harassment? ☒ Yes ☐ No
- Does the agency provide multiple internal ways for residents to privately report: Staff neglect or violation of responsibilities that may have contributed to such incidents? ☒ Yes ☐ No

#### 115.351 (b)

- Does the agency also provide at least one way for residents to report sexual abuse or sexual harassment to a public or private entity or office that is not part of the agency? ☒ Yes ☐ No
- Is that private entity or office able to receive and immediately forward resident reports of sexual abuse and sexual harassment to agency officials? ☒ Yes ☐ No
- Does that private entity or office allow the resident to remain anonymous upon request? ☒ Yes ☐ No
- Are residents detained solely for civil immigration purposes provided information on how to contact relevant consular officials and relevant officials at the Department of Homeland Security to report sexual abuse or harassment? (N/A if the facility *never* houses residents detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA

#### 115.351 (c)

- Do staff members accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously, and from third parties? ☒ Yes ☐ No
- Do staff members promptly document any verbal reports of sexual abuse and sexual harassment? ☒ Yes ☐ No

#### 115.351 (d)

- Does the facility provide residents with access to tools necessary to make a written report? ☒ Yes ☐ No

- Does the agency provide a method for staff to privately report sexual abuse and sexual harassment of residents? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Youth Handbook and PREA Information
- Orientation Packet
- PREA Script (English and Spanish)
- TJJD Safeguarding Your Sexual Safety Youth PREA Education Videos (English and Spanish)

*115.351 (a)-1 The agency has established procedures allowing for multiple internal ways for residents to report privately to agency officials about:*

- ☐ sexual abuse and sexual harassment;*
- ☐ retaliation by other residents or staff for reporting sexual abuse and sexual harassment; AND*
- ☐ staff neglect or violation of responsibilities that may have contributed to such incidents.*

*115.351 (b)-1 The agency provides at least one way for residents to report abuse or harassment to a public or private entity or office that is not part of the agency.*

#### (i) Reporting.

##### (1) Reports from Youth and Third Parties.

(A) Youth may report sexual abuse, sexual harassment, retaliation by others for reporting sexual abuse or harassment, and staff neglect or violation of responsibilities that may have contributed to such incidents by:

- (i) filing a written grievance in accordance with [§380.9331](#) of this title;

- (ii) calling the 24-hour, toll-free hotline maintained by the OIG without being heard by staff or other youth;
- (iii) telling any staff member, volunteer, or contract employee, who must then call the OIG hotline; or
- (iv) calling the toll-free number maintained by the Office of Independent Ombudsman (OIO), which is a separate state agency, without being heard by staff or other youth.

*115.351 (b)-2 The agency has a policy requiring residents detained solely for civil immigration purposes be provided information on how to contact relevant consular officials and relevant officials of the Department of Homeland Security.*

## **NOT APPLICABLE**

*115.351 (c)-1 The agency has a policy mandating that staff accept reports of sexual abuse and sexual harassment made verbally, in writing, anonymously and from third parties.*

(B) TJJD accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Anonymous and third-party reports may be submitted to TJJD by calling the toll-free hotline maintained by the OIG. TJJD publicly distributes information on how to report alleged abuse or sexual harassment on behalf of a youth by posting this information on the agency's website.

### **Interviews:**

- Random Staff
- Random Residents

The facility resident handbook identifies multiple ways for youth to report when they have been a victim or witnessed sexual abuse. The residents can report to a staff member or a trusted adult; file a grievance; call the IRC hotline; call or send a letter to the Purple Door Crisis Center. Edna Tamayo is a TJJD facility, which serves youth committed to the department; therefore, the facility would never detain a resident solely for civil immigration purposes. Interviews with staff understand that they are responsible for accepting reports of sexual abuse that are made verbally, in writing, or those that are reported anonymously and from a third-party (i.e., another resident, parent, volunteer, etc.). Once a staff member receives a report, they report they would immediately report it to IRC and their immediate supervisor and the supervisor on duty. The staff communicated that they would immediately make a report and ensure the resident is safe.

Staff consistently report that they can make a private report of sexual abuse or sexual harassment, retaliation by other residents or staff for making a report, and staff neglect or violation of responsibilities that may have contributed to the incident by reporting directly to the Superintendent or calling the IRC hotline. Every staff member communicated that they felt safe that they could call the hotline without retribution and are not in fear of calling the hotline to make a report regarding any incident of abuse or neglect.

The information for making a report regarding PREA is available to the public on the TJJD website. The public is informed that they can call the PREA Coordinator or the IRC hotline.

### **Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance this standard regarding resident reporting. Residents are provided with numerous ways to report both internally and externally. No corrective action is required.

## **Standard 115.352: Exhaustion of administrative remedies**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.352 (a)**

- Is the agency exempt from this standard? NOTE: The agency is exempt ONLY if it does not have administrative procedures to address resident grievances regarding sexual abuse. This does not mean the agency is exempt simply because a resident does not have to or is not ordinarily expected to submit a grievance to report sexual abuse. This means that as a matter of explicit policy, the agency does not have an administrative remedies process to address sexual abuse. ☒ Yes ☐ No

#### **115.352 (b)**

- Does the agency permit residents to submit a grievance regarding an allegation of sexual abuse without any type of time limits? (The agency may apply otherwise-applicable time limits to any portion of a grievance that does not allege an incident of sexual abuse.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency always refrain from requiring a resident to use any informal grievance process, or to otherwise attempt to resolve with staff, an alleged incident of sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.352 (c)**

- Does the agency ensure that: A resident who alleges sexual abuse may submit a grievance without submitting it to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency ensure that: Such grievance is not referred to a staff member who is the subject of the complaint? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### **115.352 (d)**

- Does the agency issue a final agency decision on the merits of any portion of a grievance alleging sexual abuse within 90 days of the initial filing of the grievance? (Computation of the 90-day time period does not include time consumed by residents in preparing any administrative appeal.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the agency determines that the 90-day timeframe is insufficient to make an appropriate decision and claims an extension of time [the maximum allowable extension of time to respond

is 70 days per 115.352(d)(3)], does the agency notify the resident in writing of any such extension and provide a date by which a decision will be made? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

- At any level of the administrative process, including the final level, if the resident does not receive a response within the time allotted for reply, including any properly noticed extension, may a resident consider the absence of a response to be a denial at that level? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (e)

- Are third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, permitted to assist residents in filing requests for administrative remedies relating to allegations of sexual abuse? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Are those third parties also permitted to file such requests on behalf of residents? (If a third party, other than a parent or legal guardian, files such a request on behalf of a resident, the facility may require as a condition of processing the request that the alleged victim agree to have the request filed on his or her behalf, and may also require the alleged victim to personally pursue any subsequent steps in the administrative remedy process.) (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If the resident declines to have the request processed on his or her behalf, does the agency document the resident's decision? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA
- Is a parent or legal guardian of a juvenile allowed to file a grievance regarding allegations of sexual abuse, including appeals, on behalf of such juvenile? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- If a parent or legal guardian of a juvenile files a grievance (or an appeal) on behalf of a juvenile regarding allegations of sexual abuse, is it the case that those grievances are not conditioned upon the juvenile agreeing to have the request filed on his or her behalf? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (f)

- Has the agency established procedures for the filing of an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance alleging a resident is subject to a substantial risk of imminent sexual abuse, does the agency immediately forward the grievance (or any portion thereof that alleges the substantial risk of imminent sexual abuse) to a level of review at which immediate corrective action may be taken? (N/A if agency is exempt from this standard.)  
☒ Yes ☐ No ☐ NA



- After receiving an emergency grievance described above, does the agency provide an initial response within 48 hours? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- After receiving an emergency grievance described above, does the agency issue a final agency decision within 5 calendar days? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response and final agency decision document the agency's determination whether the resident is in substantial risk of imminent sexual abuse? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the initial response document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA
- Does the agency's final decision document the agency's action(s) taken in response to the emergency grievance? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### 115.352 (g)

- If the agency disciplines a resident for filing a grievance related to alleged sexual abuse, does it do so ONLY where the agency demonstrates that the resident filed the grievance in bad faith? (N/A if agency is exempt from this standard.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.380.9331 Youth Grievance System
- TJJD Youth Rights Policy YRP.05.05 – Collecting, Reviewing, and Processing Youth Grievances



*115.352 (a)-1 The agency has an administrative procedure for dealing with resident grievances regarding sexual abuse.*

**(2) Administrative Remedies.**

(A) TJJD investigates all allegations of sexual abuse regardless of how much time has passed since the alleged incident.

*115.352 (b)-1 Agency policy or procedure allows a resident to submit a grievance regarding an allegation of sexual abuse at any time regardless of when the incident is alleged to have occurred.*

*115.352 (c)-1 The agency's policy and procedure allow a resident to submit a grievance alleging sexual abuse without submitting it to the staff member who is the subject of the complaint.*

*115.352 (d)-1 The agency's policy and procedures that require that a decision on the merits of any grievance or portion of a grievance alleging sexual abuse be made within 90 days of the filing of the grievance.*

*115.352 (f)-1 The agency has a policy established procedures for filing an emergency grievance alleging that a resident is subject to a substantial risk of imminent sexual abuse.*

*115.352 (f)-2 The agency's policy and procedures for emergency grievances alleging substantial risk of imminent sexual abuse require an initial response within 48 hours.*

*115.352 (f)-5 The agency's policy and procedure for emergency grievances alleging substantial risk of imminent sexual abuse require that a final agency decision be issued within 5 days.*

**(2) Reviewing Grievances.**

Upon collecting grievances, a Youth Rights staff member:

- (i) Reviews each grievance to identify any emergency grievances;
- (ii) Assigns all emergency grievances to the decision authority who is the facility's highest chain of command in the specific area of the issue grieved, to be resolved within 24 hours after assignment;
- (iii) Makes every effort to alert the decision authority by phone, email, or in person of the emergency grievances assignment; and
- (iv) Reports all emergency grievances involving acute medical issues, immediate criminal acts (e.g., sexual assault), or other serious incidents in accordance with GAP.07.03.

*115.352 (c)-2 The agency's policy and procedure requires that a resident grievance alleging sexual abuse not be referred to the staff member who is the subject of the complaint.*

(C) If a youth uses the grievance system or the conference request system to report an allegation of sexual abuse, the allegation is immediately forwarded to the OIG for assignment and investigation.

(D) TJJD does not refer allegations of sexual abuse to staff members who are the subject of the allegation.

*115.352 (e)-1 Agency policy and procedure permits third parties, including fellow residents, staff members, family members, attorneys, and outside advocates, to assist residents in filing requests for*

*administrative remedies relating to allegations of sexual abuse, and to file such requests on behalf of residents.*

(B) TJJD accepts verbal and written reports made anonymously or by third parties and promptly documents verbal reports. Anonymous and third-party reports may be submitted to TJJD by calling the toll-free hotline maintained by the OIG. TJJD publicly distributes information on how to report alleged abuse or sexual harassment on behalf of a youth by posting this information on the agency's website.

*115.352 (e)-2 Agency policy and procedure require that if the resident declines to have third-party assistance in filing a grievance alleging sexual abuse, the agency documents the resident's decision to decline.*

*115.352 (g)-1 The agency has a written policy that limits its ability to discipline a resident for filing a grievance alleging sexual abuse to occasions where the agency demonstrates that the resident filed the grievance in bad faith.*

Interviews:

- PREA Coordinator

Youth in TJJD may report an incident of sexual abuse or any other grievance at any time, regardless of the date the incident occurred. Upon receipt of an allegation of sexual abuse, the allegation is immediately forwarded to the Office of Inspector General (OIG) for assignment and investigation. Edna Tamayo staff would not refer allegations of sexual abuse to a staff member who is named the subject of the allegation(s). Edna Tamayo has not received any grievances filed by a resident that made an allegation of sexual abuse within the past 12 months.

A Youth Rights Staff member will review all submitted youth grievances to determine how to appropriately process the grievance. If the staff member determines that the grievance is emergent, the grievance will be assigned to the Superintendent to resolve the issue. All emergency grievances must be resolved within 24 hours. If the Youth Rights staff member identifies an alleged incident of abuse, neglect, or exploitation or criminal conduct, the staff member will immediately contact the Incident Reporting Center (IRC) hotline and report the grievance.

If a youth submits a grievance in bad faith the violation is treated as a minor rule violation that would be classified as Lying/Falsifying Documentation/Cheating. The potential consequences for a youth found to have made a false allegation the youth could receive a privilege suspension, community service hours, trust fund restriction and facility restriction.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding exhaustion of administrative remedies. No corrective action is required.

## **Standard 115.353: Resident access to outside confidential support services and legal representation**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

**115.353 (a)**

- Does the facility provide residents with access to outside victim advocates for emotional support services related to sexual abuse by providing, posting, or otherwise making assessable mailing addresses and telephone numbers, including toll-free hotline numbers where available, of local, State, or national victim advocacy or rape crisis organizations? ☒ Yes ☐ No
- Does the facility provide persons detained solely for civil immigration purposes mailing addresses and telephone numbers, including toll-free hotline numbers where available of local, State, or national immigrant services agencies? (N/A if the facility *never* has persons detained solely for civil immigration purposes.) ☐ Yes ☐ No ☒ NA
- Does the facility enable reasonable communication between residents and these organizations and agencies, in as confidential a manner as possible? ☒ Yes ☐ No

**115.353 (b)**

- Does the facility inform residents, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws? ☒ Yes ☐ No

**115.353 (c)**

- Does the agency maintain or attempt to enter into memoranda of understanding or other agreements with community service providers that are able to provide residents with confidential emotional support services related to sexual abuse? ☒ Yes ☐ No
- Does the agency maintain copies of agreements or documentation showing attempts to enter into such agreements? ☒ Yes ☐ No

**115.353 (d)**

- Does the facility provide residents with reasonable and confidential access to their attorneys or other legal representation? ☒ Yes ☐ No
- Does the facility provide residents with reasonable access to parents or legal guardians?  
☒ Yes ☐ No

**Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.380.9311 Access to Attorneys and Courts
- TJJD Policy GAP.385.8183 Advocacy, Support Group, and Social Services Provider Access
- TJJD Policy GAP.380.9312 Visitation
- TJJD Policy GAP.380.9313 Use of Telephone
- TJJD Policy GAP.380.9315 Youth Mail
- Memorandum of Understanding between Edna Tamayo and the Purple Door Rape Crisis Center

*115.353 (a)-1 The facility provides residents with access to outside victim advocates for emotional support services related to sexual abuse by doing the following:*

*☐ Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of local, State, or national victim advocacy or rape crisis organizations.*

*☐ Gives residents (by providing, posting, or otherwise making accessible) mailing addresses and telephone numbers (including toll-free hotline numbers where available) of immigrant service agencies for persons detained solely for civil immigration purposes.*

*☐ Enables reasonable communication between residents and these organizations, in as confidential a manner as possible.*

### **(3) Youth Access to Outside Support Services and Legal Representation.**

(A) TJJD provides youth with access to outside victim advocates for emotional support services related to sexual abuse by making available mailing addresses and telephone numbers, including toll-free numbers of any local, state, or national victim advocacy or rape crisis organizations. TJJD also provides youth with on-site access to representatives of such advocacy organizations in accordance with [§385.8183](#) of this title. TJJD enables reasonable communication between youth and these organizations and agencies in as confidential a manner as possible. TJJD informs youth, prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

(B) TJJD maintains or seeks to enter into agreements with community service providers that are able to provide youth with confidential emotional support services related to sexual abuse. TJJD maintains documentation of such agreements or attempts to enter into such agreements.

*115.353 (d)-1 The facility provides residents with reasonable and confidential access to their attorneys or other legal representation.*

*115.353 (d)-2 The facility provides residents with reasonable access to parents or legal guardians.*

(C) TJJD provides youth with reasonable and confidential access to their:

- (i) attorneys or other legal representatives, in accordance with §380.9311 of this title; and
- (ii) parents or legal guardians, in accordance with §§380.9312, 380.9313, and 380.9315 of this title.

#### Interviews:

- PREA Coordinator
- PREA Compliance Manager
- Random Residents

Edna Tamayo ensures residents have access to outside victim advocates for emotional support services related to sexual abuse. The residents will receive support services through the Purple Door Rape Crisis Center. The facility provided the auditor with a signed copy of a memorandum of understanding with the signatures of the TJJD Attorney, Executive Director, and a representative from the Purple Door. When residents are afforded the ability to contact the Purple Door they can do so via telephone by calling the hotline number or by sending correspondence to the post office box address. Prior to the residents accessing the support services they are informed prior to giving them access, of the extent to which such communications will be monitored and the extent to which reports of abuse will be forwarded to authorities in accordance with mandatory reporting laws.

Liberal but reasonable time limits are placed on calls the residents are able to make to their legal and case related professionals. According to the case manager, legal calls are made using the facility staff telephones and are not charged against any pre-paid minutes allotted to the resident or purchased on behalf of the resident. The residents report they are provided with an unlimited number of stamps and have writing material available to them. Also, the Edna Tamayo residents are provided confidential visits with their attorney's and other professional staff.

During normal times the residents have visits with their families on Saturday or Sunday at the facility. Interviews with the residents indicate they normally have family visits in person but since the pandemic all visits have been conducted virtually. The residents indicated that they have the ability to speak with their families every day. The staff report that TJJD has increased the amount of credit allotted to each resident to ensure all of the residents have the ability to maintain contact with their families since their ability to have face-to-face contact has been eliminated at this time.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding resident access to outside confidential support services and legal representation. No corrective action is required.

## Standard 115.354: Third-party reporting

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.354 (a)

- Has the agency established a method to receive third-party reports of sexual abuse and sexual harassment? ☒ Yes ☐ No
- Has the agency distributed publicly information on how to report sexual abuse and sexual harassment on behalf of a resident? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Reviewed:

- TJJD Website (<https://www.tjtd.texas.gov/index.php/prea>)

#### Interviews:

- PREA Coordinator

TJJD establishes methods to receive third-party reports of sexual abuse and sexual harassment on behalf of a resident; and the agency makes the information available on the agency website. Third-party reporting and grievances filed on behalf of residents or former residents will be made directly to the PREA Coordinator or to the IRC. Once the report is made to the IRC, they will decide if the report should be forwarded to the facility or to the OIG for an appropriate response. According to the PREA Coordinator, the agency has not received a third-party report regarding Edna Tamayo.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding third-party reporting. No corrective action is required.

## OFFICIAL RESPONSE FOLLOWING A RESIDENT REPORT

### Standard 115.361: Staff and agency reporting duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.361 (a)

- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding retaliation against residents or staff who reported an incident of sexual abuse or sexual harassment? ☒ Yes ☐ No
- Does the agency require all staff to report immediately and according to agency policy any knowledge, suspicion, or information regarding any staff neglect or violation of responsibilities that may have contributed to an incident of sexual abuse or sexual harassment or retaliation? ☒ Yes ☐ No

#### 115.361 (b)

- Does the agency require all staff to comply with any applicable mandatory child abuse reporting laws? ☒ Yes ☐ No

#### 115.361 (c)

- Apart from reporting to designated supervisors or officials and designated State or local services agencies, are staff prohibited from revealing any information related to a sexual abuse report to anyone other than to the extent necessary, as specified in agency policy, to make treatment, investigation, and other security and management decisions? ☒ Yes ☐ No

#### 115.361 (d)

- Are medical and mental health practitioners required to report sexual abuse to designated supervisors and officials pursuant to paragraph (a) of this section as well as to the designated State or local services agency where required by mandatory reporting laws? ☒ Yes ☐ No
- Are medical and mental health practitioners required to inform residents of their duty to report, and the limitations of confidentiality, at the initiation of services? ☒ Yes ☐ No

#### 115.361 (e)

- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the appropriate office? ☒ Yes ☐ No



- Upon receiving any allegation of sexual abuse, does the facility head or his or her designee promptly report the allegation to the alleged victim's parents or legal guardians unless the facility has official documentation showing the parents or legal guardians should not be notified?  
☒ Yes ☐ No
- If an alleged victim is under the guardianship of the child welfare system, does the facility head or his or her designee promptly report the allegation to the alleged victim's caseworker instead of the parents or legal guardians? ☒ Yes ☐ No
- If a juvenile court retains jurisdiction over the alleged victim, does the facility head or designee also report the allegation to the juvenile's attorney or other legal representative of record within 14 days of receiving the allegation? ☒ Yes ☐ No

#### 115.361 (f)

- Does the facility report all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports, to the facility's designated investigators? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Employee Handbook
- Sample Initial Report of Serious Incident



115.361 (a)-1 The agency requires all staff to report immediately and according to agency policy any knowledge, suspicion, or information they receive regarding an incident of sexual abuse or sexual harassment that occurred in a facility, whether or not it is part of the agency.

**(j) Official Response Following a Report of Alleged Sexual Abuse or Sexual Harassment.**

**(1) Staff and Agency Reporting Duties.**

(A) All TJJD staff members must immediately report to OIG, in accordance with agency policy, any knowledge, suspicion, or information they receive regarding:

- (i) an incident of sexual abuse;
- (ii) an incident of sexual harassment;
- (iii) retaliation against youth or staff who reported such an incident; and
- (iv) any staff neglect or violation of responsibilities that may have contributed to such an incident or retaliation.

(B) The requirement to report applies to incidents occurring in any residential facility, whether or not it is operated by TJJD.

(C) The requirement to report includes staff members whose personal communications may otherwise be privileged, such as an attorney, member of the clergy, medical practitioner, social worker, or mental health practitioner. Upon the initiation of services, these staff members must inform the youth of the staff member's duty to report abuse and the limits of confidentiality.

(D) In addition to the reporting requirement in subparagraph (A) of this paragraph, TJJD staff must comply with mandatory child abuse reporting laws in Texas Family Code Chapter 261 and with applicable professional licensure requirements.

(E) Any TJJD staff who receives a report of alleged sexual abuse is prohibited from revealing any information to anyone other than to the extent necessary, as specified in [§380.9333](#) of this title, to make treatment, investigation, and other security and management decisions.

(F) Upon receiving an allegation of sexual abuse, the facility administrator or his/her designee must promptly report the allegation to the alleged victim's parents or legal guardians, unless the facility has official documentation showing the parents or legal guardians should not be notified. If the alleged victim is under the conservatorship of DFPS, the report is made to DFPS.

**Interviews:**

- Superintendent
- Mental Health Practitioner
- Random Staff

All Edna Tamayo employees, professional visitors, volunteers, contract staff and/or other TJJD employees are to report any knowledge or any act of sexual misconduct. The employees are required to contact the IRC to make a report and report to their supervisor or to the supervisor on duty. The duty to report extends to personal communications that may otherwise be privileged (i.e., attorney, clergy, medical practitioner, social worker, or mental health practitioner). If any part of the allegation includes

neglect or abuse a report should be made to child protection services. The facility administrators will also report the allegation to the alleged victim's parents or legal guardian.

All information regarding any sexual misconduct is to be kept confidential and reporting or revealing any information related to a sexual abuse report is prohibited other than to the extent necessary to make treatment, investigation, and other security and management decisions.

The mental health practitioner communicated that she is obligated to inform residents of their mandatory reporting requirements at the initiation of any services to a resident and the limitations of confidentiality.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff and agency reporting duties. No corrective action is required.

## Standard 115.362: Agency protection duties

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

### 115.362 (a)

- When the agency learns that a resident is subject to a substantial risk of imminent sexual abuse, does it take immediate action to protect the resident? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ

- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment

*115.362 (a)-1 When the agency or facility learns that a resident is subject to a substantial risk of imminent sexual abuse, it takes immediate action to protect the resident (i.e., it takes some action to assess and implement appropriate protective measures without unreasonable delay).*

## **(2) Agency Protection Duties.**

Upon receipt of a report that alleges a youth is subject to a substantial risk or imminent sexual abuse, TJJD takes immediate action to protect the youth.

### **Interviews:**

- Superintendent
- PREA Coordinator
- Assistant Superintendent/PREA Compliance Manager
- Random Staff

Edna Tamayo has not learned of any incidents in which a resident was subject to a substantial risk of imminent sexual abuse within the past twelve (12) months. According to the random staff interviews the staff explain they will “immediately” make a report if there is concern that a resident is in imminent risk of sexual abuse. The staff said they would make the report to their supervisor to initiate any protection measures that would be required. The staff said they would either separate the resident from the alleged perpetrator or increase their supervision of the resident by positioning the resident in closer proximity of the staff member.

### **Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection duties. No corrective action is required.

## **Standard 115.363: Reporting to other confinement facilities**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.363 (a)**

- Upon receiving an allegation that a resident was sexually abused while confined at another facility, does the head of the facility that received the allegation notify the head of the facility or appropriate office of the agency where the alleged abuse occurred? ☒ Yes ☐ No
- Does the head of the facility that received the allegation also notify the appropriate investigative agency? ☒ Yes ☐ No

#### **115.363 (b)**

- Is such notification provided as soon as possible, but no later than 72 hours after receiving the allegation? ☒ Yes ☐ No

#### 115.363 (c)

- Does the agency document that it has provided such notification? ☒ Yes ☐ No

#### 115.363 (d)

- Does the facility head or agency office that receives such notification ensure that the allegation is investigated in accordance with these standards? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Sexual Abuse Notification Procedures

*115.363 (a)-1 The agency has a policy requiring that, upon receiving an allegation that a resident was sexually abused while confined at another facility, the head of the facility must notify the head of the facility or appropriate office of the agency or facility where sexual abuse is alleged to have occurred.*

#### (3) Reporting to Other Confinement Facilities.

(A) Any staff member must immediately notify the OIG if he/she receives an allegation that a youth was sexually abused while confined at a juvenile facility not operated by TJJD and not operated under contract with TJJD.

(B) The OIG must notify the head of the facility or the appropriate office of the agency where the abuse is alleged to have occurred and the appropriate investigative agency as soon as possible, but within 72 hours after receiving the allegation.

Interviews:

- Superintendent

The Superintendent explained that the Facility Director to Facility Director notifications would be directly made by her or a designee in her absence if her absence is for an extended period of time. He communicated that she would also make the report directly to the IRC and the receiving facility Superintendent is also required to make a report to IRC. Per the policy the Superintendent has 72 hours to make the report but she would make the report as soon as possible after receiving the information. The facility PAQ indicates the facility received zero (0) allegations that a resident was abused while at another facility.

Once IRC receives the report, their normal process would be to assess the details of the report and either forward the allegation to an investigator for a criminal and/or administrative investigation or to the facility for a facility investigation. According to the Superintendent he stated the facility would fully cooperate with all investigations and would make the resident who made the allegation available to the investigator for an interview.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to other confinement facilities. No corrective action is required.

## Standard 115.364: Staff first responder duties

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.364 (a)

- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Separate the alleged victim and abuser?  
☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Preserve and protect any crime scene until appropriate steps can be taken to collect any evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No
- Upon learning of an allegation that a resident was sexually abused, is the first security staff member to respond to the report required to: Ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth,

changing clothes, urinating, defecating, smoking, drinking, or eating, if the abuse occurred within a time period that still allows for the collection of physical evidence? ☒ Yes ☐ No

#### 115.364 (b)

- If the first staff responder is not a security staff member, is the responder required to request that the alleged victim not take any actions that could destroy physical evidence, and then notify security staff? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Written Plan for Coordinated Response to Allegations of Sexual Abuse

*115.364 (a)-1 The agency has a first responder policy for allegations of sexual abuse. If YES, the policy requires that, upon learning of an allegation that a resident was sexually abused, the first security staff member to respond to the report shall be required to (check all that apply):*

- (1) Separate the alleged victim and abuser*
- (2) Preserve And protect any crime scene until appropriate steps can be taken to collect any evidence.*
- (3) If the abuse occurred within a time period that still allows for the collection of physical evidence, request that the alleged victim not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.*
- (4) If the abuse occurred within a time period that still allows for the collection of physical evidence, ensure that the alleged abuser does not take any actions that could destroy physical evidence, including, as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating.*

#### (4) Staff First Responder Duties.

Upon learning of an allegation that a youth was sexually abused, the first staff member to respond to the report must:

(A) separate the alleged victim and alleged abuser;

(B) preserve and protect any crime scene until appropriate steps can be taken to collect any evidence; and

(C) if the alleged abuse occurs within a time period that still allows for the collection of physical evidence:

(i) request that the alleged victim not take any actions that could destroy physical evidence, including as appropriate, washing, brushing teeth, changing clothes, urinating, defecating, smoking, drinking, or eating; and (ii) ensure that the alleged abuser does not take any actions that could destroy physical evidence.

#### Interviews:

- Superintendent
- Assistant Superintendent/PREA Compliance Manager
- Staff First Responders
- Random Staff

Any person providing services to the residents can be a first responder. A first responder is any person who: 1) witnessed the act of sexual misconduct, 2) witnessed the perpetrator leaving the area of the victim, 3) witnessed the victim immediately following an incident, 4) was the person that the victim felt comfortable reporting the occurrence to, or 5) was the person that received information that an alleged incident occurred. The policy requires the first responder to separate the victim from the perpetrator. The safety of the victim is the first priority. The potential crime scene should be kept secure with little or no persons permitted through the scene. The scene will remain sealed until such time after the investigator releases the scene. The Edna Tamayo staff members are not trained or required to collect evidence; their sole responsibility is to secure the potential crime scene. No attempt will be made to collect evidence except by a trained investigator.

The staff interviews indicated everyone was well versed and understand their first responder duties, and the intent is to ensure a thorough investigation can be conducted and to protect the residents.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding staff first responder duties. No corrective action is required.

## **Standard 115.365: Coordinated response**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.365 (a)**



- Has the facility developed a written institutional plan to coordinate actions among staff first responders, medical and mental health practitioners, investigators, and facility leadership taken in response to an incident of sexual abuse? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Edna Tamayo Written Plan for Coordinated Response to Allegations of Sexual Abuse
- TJJD Halfway House Operations Manual HWH.17.01 Response to Allegations of Sexual Abuse

#### (5) Coordinated Response.

TJJD maintains a written plan to coordinate the actions taken among staff first responders, medical and mental health practitioners, investigators, and facility leadership in response to an incident of sexual abuse.

#### Interviews:

- PREA Coordinator
- Random Staff

The Edna Tamayo facility has a written institutional plan that demonstrates the coordinated steps and the action steps that should take place in response to an incident of sexual abuse. This plan serves to define the duties of each person involved in the post-allegation response to an incident. The plan includes the duties and actions of each member of the effort, including staff first responders, supervisory staff, mental health professionals, and upper level management. The plan also includes coordination between staff and the OIG investigators, and any other entity involved. The facility Administrative staff and specialized staff were well aware of their individual responsibilities in coordinating their responses to sexual abuse and were able to articulate each step of their first responder duties in a coordinated response. Direct care staff are well aware of their duty to take



seriously any knowledge, suspicion, report or allegation of sexual abuse or sexual harassment and all of them indicated they would immediately notify their supervisor and make reports as required.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding a coordinated response to an incident of sexual abuse. No corrective action is required.

## **Standard 115.366: Preservation of ability to protect residents from contact with abusers**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.366 (a)**

- Are both the agency and any other governmental entities responsible for collective bargaining on the agency's behalf prohibited from entering into or renewing any collective bargaining agreement or other agreement that limits the agency's ability to remove alleged staff sexual abusers from contact with any residents pending the outcome of an investigation or of a determination of whether and to what extent discipline is warranted? ☒ Yes ☐ No

### **115.366 (b)**

- Auditor is not required to audit this provision.

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### **Instructions for Overall Compliance Determination Narrative**

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

Documentation Reviewed:

- Facility PAQ

- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment

**(6) Preservation of Ability to Protect Youth from Contact with Abusers.**

TJJD will not enter into any agreement that limits its ability to remove alleged staff sexual abusers from contact with youth pending the outcome of an investigation or a determination of whether and to what extent discipline is warranted.

**Interviews:**

- PREA Coordinator
- Superintendent
- Assistant Superintendent/PREA Compliance Manager

TJJD does not participate in collective bargaining nor any other form of agreement which may limit the Department's ability to remove an alleged staff abuser from contact with residents pending the outcome of the investigation, and if necessary, the extent to which disciplinary measures are applied.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding the preservation of ability to protect residents from contact with abusers. No corrective action is required.

## **Standard 115.367: Agency protection against retaliation**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.367 (a)**

- Has the agency established a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff? ☒ Yes ☐ No
- Has the agency designated which staff members or departments are charged with monitoring retaliation? ☒ Yes ☐ No

#### **115.367 (b)**

- Does the agency employ multiple protection measures, such as housing changes or transfers for resident victims or abusers, removal of alleged staff or resident abusers from contact with victims, and emotional support services, for residents or staff who fear retaliation for reporting sexual abuse or sexual harassment or for cooperating with investigations,? ☒ Yes ☐ No

#### **115.367 (c)**

- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents or staff who reported the sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: The conduct and treatment of residents who were reported to have suffered sexual abuse to see if there are changes that may suggest possible retaliation by residents or staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency: Act promptly to remedy any such retaliation? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Any resident disciplinary reports? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident housing changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Resident program changes? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Negative performance reviews of staff? ☒ Yes ☐ No
- Except in instances where the agency determines that a report of sexual abuse is unfounded, for at least 90 days following a report of sexual abuse, does the agency monitor: Reassignments of staff? ☒ Yes ☐ No
- Does the agency continue such monitoring beyond 90 days if the initial monitoring indicates a continuing need? ☒ Yes ☐ No

#### 115.367 (d)

- In the case of residents, does such monitoring also include periodic status checks?  
☒ Yes ☐ No

#### 115.367 (e)

- If any other individual who cooperates with an investigation expresses a fear of retaliation, does the agency take appropriate measures to protect that individual against retaliation?  
☒ Yes ☐ No

#### 115.367 (f)

- Auditor is not required to audit this provision.

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment

*115.367 (a)-1 The agency has a policy to protect all residents and staff who report sexual abuse or sexual harassment or cooperate with sexual abuse or sexual harassment investigations from retaliation by other residents or staff.*

#### (7) Agency Protection against Retaliation.

Retaliation by a youth or staff member against a youth or staff member who reports sexual abuse or sexual harassment or who cooperates with an investigation is strictly prohibited. To help prevent retaliation, TJJD:

(A) designates certain staff members to monitor the person who reported the allegation and the alleged victim to determine whether retaliation is occurring;

(B) uses multiple measures to protect youth and staff from retaliation, such as housing transfers, removal of the alleged abuser from contact with the alleged victim, and emotional support services for youth or staff who fear retaliation;

(C) for at least 90 days (except when the allegation is determined to be unfounded):

(i) monitors the reporter and the alleged victim for signs of retaliation including items such as disciplinary reports, housing or program changes, staff reassignments, and negative performance reviews; and

(ii) conducts periodic status checks on the alleged victim;

(D) acts promptly to remedy any retaliation; and

(E) takes appropriate measures to protect any other individual who cooperates with the investigation who expresses a fear of retaliation.

**Interviews:**

- Superintendent
- PREA Coordinator
- Random Staff Interviews
- Random Resident Interviews

Interviews convinced the auditor that if a resident expressed fear of retaliation for participating in or cooperating with an investigation of sexual abuse or sexual harassment against a resident, the Edna Tamayo staff will protect that resident against retaliation. The case manager has been designated as the individual responsible for monitoring for possible retaliation. The TJJD policy is clear that there is a responsibility for all Edna Tamayo personnel to protect all residents and staff who report sexual misconduct or cooperate with sexual misconduct investigations from retaliation by other residents or staff. The Assistant Superintendent/PREA Compliance Manager is responsible for formally monitoring for retaliation, and all staff should be aware of the resident's safety.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding agency protection against retaliation. No corrective action is required.

## **Standard 115.368: Post-allegation protective custody**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.368 (a)**

- Is any and all use of segregated housing to protect a resident who is alleged to have suffered sexual abuse subject to the requirements of § 115.342? ☒ Yes ☐ No

#### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment

*115.368 (a)-1 The facility has a policy that residents who allege to have suffered sexual abuse may only be placed in isolation as a last resort if less restrictive measures are inadequate to keep them and other residents safe, and only until an alternative means of keeping all residents safe can be arranged.*

### Interviews:

- PREA Coordinator
- Superintendent
- Assistant Superintendent/PREA Compliance Manager
- Random Residents

Edna Tamayo would not segregate residents due to an allegation of sexual abuse or sexual harassment. The facility will instead utilize the Safe Housing Re-Assessment, safety or boundary plans and room or cell changes when applicable, in an effort to restore a safe environment for the resident. The facility PAQ indicates there were zero (0) residents who alleged they suffered sexual abuse and was placed in isolation in the past 12 months. Interviews with residents indicate the facility does not have a separate area in the facility or a room used to isolate residents.

### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding post-allegation protective custody. No corrective action is required.

## INVESTIGATIONS

### Standard 115.371: Criminal and administrative agency investigations

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.371 (a)

- When the agency conducts its own investigations into allegations of sexual abuse and sexual harassment, does it do so promptly, thoroughly, and objectively? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA
- Does the agency conduct such investigations for all allegations, including third party and anonymous reports? [N/A if the agency/facility is not responsible for conducting any form of criminal OR administrative sexual abuse investigations. See 115.321(a).] ☒ Yes ☐ No ☐ NA

#### 115.371 (b)

- Where sexual abuse is alleged, does the agency use investigators who have received specialized training in sexual abuse investigations involving juvenile victims as required by 115.334? ☒ Yes ☐ No

#### 115.371 (c)

- Do investigators gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data? ☒ Yes ☐ No
- Do investigators interview alleged victims, suspected perpetrators, and witnesses? ☒ Yes ☐ No
- Do investigators review prior reports and complaints of sexual abuse involving the suspected perpetrator? ☒ Yes ☐ No

#### 115.371 (d)

- Does the agency always refrain from terminating an investigation solely because the source of the allegation recants the allegation? ☒ Yes ☐ No

#### 115.371 (e)

- When the quality of evidence appears to support criminal prosecution, does the agency conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution? ☒ Yes ☐ No

**115.371 (f)**

- Do agency investigators assess the credibility of an alleged victim, suspect, or witness on an individual basis and not on the basis of that individual's status as resident or staff?  
☒ Yes ☐ No
- Does the agency investigate allegations of sexual abuse without requiring a resident who alleges sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding? ☒ Yes ☐ No

**115.371 (g)**

- Do administrative investigations include an effort to determine whether staff actions or failures to act contributed to the abuse? ☒ Yes ☐ No
- Are administrative investigations documented in written reports that include a description of the physical evidence and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings? ☒ Yes ☐ No

**115.371 (h)**

- Are criminal investigations documented in a written report that contains a thorough description of the physical, testimonial, and documentary evidence and attaches copies of all documentary evidence where feasible? ☒ Yes ☐ No

**115.371 (i)**

- Are all substantiated allegations of conduct that appears to be criminal referred for prosecution?  
☒ Yes ☐ No

**115.371 (j)**

- Does the agency retain all written reports referenced in 115.371(g) and (h) for as long as the alleged abuser is incarcerated or employed by the agency, plus five years unless the abuse was committed by a juvenile resident and applicable law requires a shorter period of retention?  
☒ Yes ☐ No

**115.371 (k)**

- Does the agency ensure that the departure of an alleged abuser or victim from the employment or control of the agency does not provide a basis for terminating an investigation?  
☒ Yes ☐ No

**115.371 (l)**

- Auditor is not required to audit this provision.



### 115.371 (m)

- When an outside agency investigates sexual abuse, does the facility cooperate with outside investigators and endeavor to remain informed about the progress of the investigation? (N/A if an outside agency does not conduct administrative or criminal sexual abuse investigations. See 115.321(a).) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.380.9333 Investigation of Alleged Abuse, Neglect, and Exploitation

*115.371 (a)-1 The agency/facility has a policy related to criminal and administrative agency investigations.*

#### (k) Investigations.

##### (1) Criminal and Administrative Agency Investigations.

(A) TJJD conducts prompt, thorough, and objective investigations for all allegations of sexual abuse and sexual harassment, including third-party and anonymous reports.

(C) TJJD investigators must:

- (i) gather and preserve direct and circumstantial evidence, including any available physical and DNA evidence and any available electronic monitoring data;
- (ii) interview alleged victims, suspected perpetrators, and witnesses; and
- (iii) review prior complaints and reports of sexual abuse involving the suspected perpetrator.

(H) In addition to meeting requirements set forth in §380.9333 of this title, administrative investigations of sexual abuse must:

- (i) include an effort to determine whether staff actions or failures to act contributed to the abuse; and
- (ii) be documented in a written report that includes a description of the physical and testimonial evidence, the reasoning behind credibility assessments, and investigative facts and findings.

(I) Criminal investigations conducted by the OIG must be documented in a written report that includes:

- (i) a thorough description of physical, testimonial, and documentary evidence; and
- (ii) copies of all documentary evidence, when feasible.

*115.371 (d)-1 The agency does not terminate an investigation solely because the source of the allegation recants the allegation.*

*115.371 (i)-1 Substantiated allegations of conduct that appear to be criminal are referred for prosecution.*

(D) TJJD will not terminate an investigation solely because the source of the allegation recants the allegation.

(E) When the quality of evidence appears to support criminal prosecution, TJJD may conduct compelled interviews only after consulting with prosecutors as to whether compelled interviews may be an obstacle for subsequent criminal prosecution.

(F) TJJD investigators must assess the credibility of an alleged victim, suspect, or witness on an individual basis and must not determine credibility by the person's status as a youth or staff.

(G) TJJD does not require youth who allege sexual abuse to submit to a polygraph examination or other truth-telling device as a condition for proceeding with the investigation.

(J) Substantiated allegations of conduct that appear to be criminal are referred for prosecution.

(L) TJJD does not terminate investigations solely on the basis that the alleged abuser or victim is no longer in the custody of TJJD or employed by TJJD.

(M) If an outside agency conducts an investigation into an allegation of sexual abuse, TJJD staff must cooperate with the outside investigators. TJJD management will attempt to remain informed about the progress of the investigation.

*115.371 (j)-1 The agency retains all written reports pertaining to administrative or criminal investigation of alleged sexual abuse or sexual harassment for as long as the alleged abuser is incarcerated or employed by the agency, plus five years.*

(K) TJJD maintains all criminal and administrative investigation reports for as long as the alleged abuser is incarcerated by TJJD or employed by TJJD, plus at least five years.

Interviews:

- PREA Coordinator
- Investigative Staff

The Texas Juvenile Justice Department (TJJD) works with the Office of Inspector General (OIG) which is an independent body assigned to conduct all TJJD administrative and criminal investigations. Whenever the OIG believes that there is sufficient, credible information that an incident involving a staff member is a serious criminal offense the Texas Rangers will be notified to assist with the investigation. All allegations of sexual misconduct will be taken seriously and investigated thoroughly by the OIG trained investigators. According to the criminal and administrative investigators sexual abuse and sexual harassment allegations will be investigated in a timely manner and the administrative investigators will impose no standards higher than a preponderance of the evidence.

According to a report pulled by the Office of Inspector General on August 10, 2020, Edna Tamayo did not have any cases of sexual abuse or sexual harassment assigned for a criminal or administrative investigation through the OIG's office from July 2019 to August 2020.

Upon the conclusion of a criminal and administrative investigation, the facility will receive the report that includes the investigation finding. The report will be given to the Superintendent who will then file the report in the facility master file for as long as the alleged abuser is in the custody of TJJD, or employed by TJJD, plus at least five years.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding criminal and administrative agency investigations. No corrective action is required.

## Standard 115.372: Evidentiary standard for administrative investigations

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.372 (a)

- Is it true that the agency does not impose a standard higher than a preponderance of the evidence in determining whether allegations of sexual abuse or sexual harassment are substantiated? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.380.9333 Investigation of Alleged Abuse, Neglect, and Exploitation
- Edna Tamayo Administrative Investigations (Sample Size: 1 Unfounded)
- Email Correspondence from OIG Administrative Investigator

*115.372 (a)-1 The agency imposes a standard of a preponderance of the evidence or a lower standard of proof for determining whether allegations of sexual abuse or sexual harassment are substantiated.*

### (2) Evidentiary Standard for Administrative Investigations.

In administrative investigations into allegations of sexual abuse or sexual harassment, the investigator's findings must be based on a preponderance of the evidence.

TJJD Policy GAP.380.9333 Investigation of Alleged Abuse, Neglect, and Exploitation

(8) **Preponderance of the evidence**--a standard of proof meaning the greater weight and degree of credible evidence; e.g., whether the credible evidence makes it more likely than not that abuse, neglect, or exploitation occurred.

### Interviews:

- Investigative Staff

Investigator interviews were conducted with one (1) administrative and one (1) criminal investigator assigned to Edna Tamayo. The administrative investigator indicated the standard of evidence required to substantiate an allegation of sexual abuse or sexual harassment is based on the preponderance of the evidence standard.

### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding evidentiary standard for administrative investigations. No corrective action is required.

## Standard 115.373: Reporting to residents

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

**115.373 (a)**

- Following an investigation into a resident's allegation that he or she suffered sexual abuse in an agency facility, does the agency inform the resident as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded? ☒ Yes ☐ No

**115.373 (b)**

- If the agency did not conduct the investigation into a resident's allegation of sexual abuse in the agency's facility, does the agency request the relevant information from the investigative agency in order to inform the resident? (N/A if the agency/facility is responsible for conducting administrative and criminal investigations.) ☐ Yes ☐ No ☒ NA

**115.373 (c)**

- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer posted within the resident's unit? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The staff member is no longer employed at the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been indicted on a charge related to sexual abuse in the facility? ☒ Yes ☐ No
- Following a resident's allegation that a staff member has committed sexual abuse against the resident, unless the agency has determined that the allegation is unfounded, or unless the resident has been released from custody, does the agency subsequently inform the resident whenever: The agency learns that the staff member has been convicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No

**115.373 (d)**

- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the alleged abuser has been indicted on a charge related to sexual abuse within the facility? ☒ Yes ☐ No
- Following a resident's allegation that he or she has been sexually abused by another resident, does the agency subsequently inform the alleged victim whenever: The agency learns that the

alleged abuser has been convicted on a charge related to sexual abuse within the facility?

☒ Yes ☐ No

#### 115.373 (e)

- Does the agency document all such notifications or attempted notifications? ☒ Yes ☐ No

#### 115.373 (f)

- Auditor is not required to audit this provision.

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Zero Tolerance Posters
- TJJD Sexual Abuse Notification Procedures

*115.373 (a)-1 The agency has a policy requiring that any resident who makes an allegation that he or she suffered sexual abuse in an agency facility is informed, verbally or in writing, as to whether the allegation has been determined to be substantiated, unsubstantiated, or unfounded following an investigation by the agency.*

#### (3) Reporting to Youth.

The notification requirements in this paragraph apply until the youth is discharged from TJJD. TJJD documents all notifications and attempted notifications.

(A) Following an investigation into a youth's allegation of sexual abuse suffered in a TJJD facility, TJJD informs the youth whether the allegation is substantiated, unsubstantiated, or

unfounded. If TJJD did not conduct the investigation, TJJD management will request the information from the investigating agency so that the youth may be informed.

(B) Following a youth's allegation that a staff member has committed sexual abuse against the youth, TJJD informs the youth whenever the following events occur, except when the allegation is determined to be unfounded:

- (i) the staff member is no longer posted within the youth's housing unit;
- (ii) the staff member is no longer employed at the facility;
- (iii) TJJD learns that the staff member has been indicted on a charge related to the sexual abuse; or
- (iv) TJJD learns that the staff member has been convicted on a charge related to the sexual abuse.

(C) Following a youth's allegation that he/she has been sexually abused by another youth, TJJD informs the alleged victim whenever the following events occur:

- (i) TJJD learns that the alleged abuser has been indicted on a charge related to the sexual abuse; or
- (ii) TJJD learns that the alleged abuser has been convicted on a charge related to the sexual abuse.

#### Interviews:

- Investigative Staff
- PREA Coordinator
- Case Manager

The TJJD policy requires at the conclusion of the investigation, written notification of the result (substantiated, unsubstantiated, or unfounded) will be given to the resident who has made the original allegation by the Assistant Superintendent/PREA Compliance Manager for all sexual abuse allegations. The facility PAQ indicates there were zero (0) criminal and/or administrative investigations of alleged sexual abuse in the past 12 months. The facility case manager indicated upon receiving the final decision from the OIG she would immediately notify the resident of the findings.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding reporting to residents. No corrective action is required.

## DISCIPLINE

### Standard 115.376: Disciplinary sanctions for staff

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.376 (a)

- Are staff subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies? ☒ Yes ☐ No

#### 115.376 (b)

- Is termination the presumptive disciplinary sanction for staff who have engaged in sexual abuse? ☒ Yes ☐ No

#### 115.376 (c)

- Are disciplinary sanctions for violations of agency policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories? ☒ Yes ☐ No

#### 115.376 (d)

- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Are all terminations for violations of agency sexual abuse or sexual harassment policies, or resignations by staff who would have been terminated if not for their resignation, reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative



*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Documentation Reviewed:**

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy PRS.35.01 Disciplinary Action
- Employee Handbook
- Edna Tamayo Memorandum dated August 25, 2020

*115.376 (a)-1 Staff is subject to disciplinary sanctions up to and including termination for violating agency sexual abuse or sexual harassment policies.*

**(I) Discipline.**

**(1) Disciplinary Sanctions for Staff.**

(A) Staff members are subject to disciplinary sanctions up to and including termination of employment for violating TJJD sexual abuse or sexual harassment policies.

(B) Termination of employment is the presumptive disciplinary sanction for staff members who have engaged in sexual abuse.

(C) Disciplinary sanctions for violations of TJJD policies relating to sexual abuse or sexual harassment (other than actually engaging in sexual abuse) are commensurate with the nature and circumstances of the acts committed, the staff member's disciplinary history, and the sanctions imposed for comparable offenses by other staff with similar histories.

(D) TJJD reports the following actions to any relevant licensing bodies:

- (i) terminations of employment for violations of agency sexual abuse or sexual harassment policies; and
- (ii) resignations by staff members who would have been terminated if they had not resigned.

*115.376(d)-1 In the past 12 months, the number of staff from the facility that have been reported to law enforcement or licensing boards following their termination (or resignation prior to termination) for violating agency sexual abuse or sexual harassment policies.*

**TJJD Policy PRS.35.01 Disciplinary Action**

**(11) Employees in Licensed Positions.**

TJJD may have an obligation to report certain types of misconduct by employees who hold professional licenses to the agency or entity that issues the license or governs the conduct of persons holding the license. When an employee holding a professional license is disciplined,

the employee's supervisor must promptly send an email notification of the disciplinary action to his/her CLA and to the department head with oversight of the program in which the employee works. The department head is responsible for notifying the licensing agency when necessary to meet the agency's reporting obligation.

Interview:

- PREA Coordinator
- Superintendent

The Edna Tamayo superintendent stated he will assume all responsibility if she has to place a staff member on a no-contact status with residents pending the outcome of an investigation with regards to any allegation of sexual abuse and/or threat against a resident, outcome of criminal proceeding bearing a connection to the employee's position, or other misconduct. The level of discipline will be determined by the severity of the violation. Employees will be made aware of expected and acceptable levels of performance and notification will be documented and retained, with the documentation being specific and avoiding conclusions that are not supported by facts.

TJJD's policy allows for the agency to make a report to a licensing board and requires that the Superintendent notifies the licensing agency when necessary to meet the agency's reporting obligation. Edna Tamayo has not imposed a disciplinary sanction against a staff member for violating the TJJD sexual abuse and sexual harassment policy.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding disciplinary sanctions for staff. No corrective action is required.

## Standard 115.377: Corrective action for contractors and volunteers

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.377 (a)

- Is any contractor or volunteer who engages in sexual abuse prohibited from contact with residents? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Law enforcement agencies (unless the activity was clearly not criminal)? ☒ Yes ☐ No
- Is any contractor or volunteer who engages in sexual abuse reported to: Relevant licensing bodies? ☒ Yes ☐ No

#### 115.377 (b)

- In the case of any other violation of agency sexual abuse or sexual harassment policies by a contractor or volunteer, does the facility take appropriate remedial measures, and consider whether to prohibit further contact with residents? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Edna Tamayo Memorandum dated August 25, 2020

*115.377 (a)-1 Agency policy requires that any contractor or volunteer who engages in sexual abuse be reported to law enforcement agencies, unless the activity was clearly not criminal, and to relevant licensing bodies.*

#### (2) Corrective Action for Contractors and Volunteers.

(A) If a contractor or volunteer engages in sexual abuse, TJJD:

- (i) prohibits the contractor or volunteer from having any contact with TJJD youth; and
- (ii) reports the finding of abuse to any relevant licensing bodies.

(B) If a volunteer or contractor violates TJJD sexual abuse or sexual harassment policies but does not actually engage in sexual abuse, TJJD takes appropriate remedial measures and considers whether to prohibit further contact with TJJD youth.

#### Interviews:

- Superintendent
- PREA Coordinator

Sexual conduct between staff and residents, volunteer, or contract personnel and a resident, regardless of consensual status, is prohibited and subject to administrative and criminal disciplinary investigation.

Persons assigned as contract workers and volunteers must adhere to policies, regulations, and statutes of the agency or face loss of privilege to volunteer or contract with TJJD. Contractors and volunteers are expected to clear the background check process, maintain confidentiality of information, and acknowledge receiving PREA training. In the past 12 month the facility had zero (0) sexual abuse allegations reported for a criminal investigation.

Any contractor or volunteer who engages in sexual abuse or sexual harassment would be prohibited from having contact with Edna Tamayo residents and would be reported to the OIG for investigation.

Edna Tamayo certifies that no volunteer or contractor has been restricted from contact with youth at the facility nor has the facility had to enact any remedial measures against such individuals for violating TJJD sexual abuse and sexual harassment policies within the past 12 months.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding corrective action for contractors and volunteers. No corrective action is required.

## **Standard 115.378: Interventions and disciplinary sanctions for residents**

**All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

### **115.378 (a)**

- Following an administrative finding that a resident engaged in resident-on-resident sexual abuse, or following a criminal finding of guilt for resident-on-resident sexual abuse, may residents be subject to disciplinary sanctions only pursuant to a formal disciplinary process?  
☒ Yes   ☐ No

### **115.378 (b)**

- Are disciplinary sanctions commensurate with the nature and circumstances of the abuse committed, the resident's disciplinary history, and the sanctions imposed for comparable offenses by other residents with similar histories? ☒ Yes   ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied daily large-muscle exercise? ☒ Yes   ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident is not denied access to any legally required educational programming or special education services? ☒ Yes   ☐ No
- In the event a disciplinary sanction results in the isolation of a resident, does the agency ensure the resident receives daily visits from a medical or mental health care clinician? ☒ Yes   ☐ No

- In the event a disciplinary sanction results in the isolation of a resident, does the resident also have access to other programs and work opportunities to the extent possible? ☒ Yes ☐ No

#### 115.378 (c)

- When determining what types of sanction, if any, should be imposed, does the disciplinary process consider whether a resident's mental disabilities or mental illness contributed to his or her behavior? ☒ Yes ☐ No

#### 115.378 (d)

- If the facility offers therapy, counseling, or other interventions designed to address and correct underlying reasons or motivations for the abuse, does the facility consider whether to offer the offending resident participation in such interventions? ☒ Yes ☐ No
- If the agency requires participation in such interventions as a condition of access to any rewards-based behavior management system or other behavior-based incentives, does it always refrain from requiring such participation as a condition to accessing general programming or education? ☒ Yes ☐ No

#### 115.378 (e)

- Does the agency discipline a resident for sexual contact with staff only upon a finding that the staff member did not consent to such contact? ☒ Yes ☐ No

#### 115.378 (f)

- For the purpose of disciplinary action does a report of sexual abuse made in good faith based upon a reasonable belief that the alleged conduct occurred NOT constitute falsely reporting an incident or lying, even if an investigation does not establish evidence sufficient to substantiate the allegation? ☒ Yes ☐ No

#### 115.378 (g)

- If the agency prohibits all sexual activity between residents, does the agency always refrain from considering non-coercive sexual activity between residents to be sexual abuse? (N/A if the agency does not prohibit all sexual activity between residents.) ☒ Yes ☐ No ☐ NA

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Edna Tamayo Memorandum dated August 25, 2020

*115.378 (a)-1 Residents are subject to disciplinary sanctions only pursuant to a formal disciplinary process following an administrative finding that the resident engaged in resident-on-resident sexual abuse.*

### (3) Interventions and Disciplinary Sanctions for Youth.

(A) A youth may be subject to disciplinary sanctions for engaging in sexual abuse only when:

- (i) there is a criminal finding of guilt or an administrative finding that the youth engaged in youth-on-youth sexual abuse; and
- (ii) the discipline is determined through a Level II due process hearing held in accordance with [§380.9555](#) of this title.

(B) Any disciplinary sanctions must be commensurate with the nature and circumstances of the abuse committed, the youth's disciplinary history, and the sanctions imposed for comparable offenses by other youth with similar histories.

(C) The disciplinary process must consider whether a youth's mental disabilities or mental illness contributed to his/her behavior when determining what type of sanction, if any, should be imposed.

(D) TJJD does not impose isolation as a disciplinary sanction.

(E) TJJD offers youth abusers counseling and other interventions designed to address and correct underlying reasons or motivations for the abuse. TJJD may require participation in such counseling and interventions as a condition of access to behavior-based incentives, but not as a condition to access general programming or education.

(F) A youth may be disciplined for sexual contact with staff only upon a finding that the staff member did not consent to such contact.

(G) TJJD may not discipline a youth if the youth made a report of sexual abuse in good faith based upon a reasonable belief that the alleged conduct occurred, even if an investigation does not establish evidence sufficient to substantiate the allegation.

(H) In accordance with §380.9503 of this title, TJJD may also discipline a youth for engaging in prohibited sexual activity that does not meet the definition of abuse.

Interviews:

- PREA Coordinator
- Superintendent
- Assistant Superintendent/PREA Compliance Manager
- Case Manager

The agency has an exhaustive resident discipline policy which includes due process. In the past 12 months the facility completed zero (0) administrative or criminal investigations of resident-on-resident or staff on resident allegations of sexual abuse. Edna Tamayo residents would never be sanctioned to specialized housing that would restrict their ability to participate in regular programming. The facility does not have an area to isolate a resident and they would not be confined to their room as a sanction for violating the PREA policy.

There have been zero (0) disciplinary sanctions issued against a resident for engaging in resident on resident sexual abuse or sexual harassment. The facility did not receive any allegations of resident-on-staff allegation of sexual abuse. Edna Tamayo did not have any allegations of sexual harassment or sexual abuse that would have required an investigation.

Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding interventions and disciplinary sanctions for residents. No corrective action is required.

## MEDICAL AND MENTAL CARE

### Standard 115.381: Medical and mental health screenings; history of sexual abuse

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.381 (a)

- If the screening pursuant to § 115.341 indicates that a resident has experienced prior sexual victimization, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a medical or mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.381 (b)

- If the screening pursuant to § 115.341 indicates that a resident has previously perpetrated sexual abuse, whether it occurred in an institutional setting or in the community, do staff ensure that the resident is offered a follow-up meeting with a mental health practitioner within 14 days of the intake screening? ☒ Yes ☐ No

#### 115.381 (c)

- Is any information related to sexual victimization or abusiveness that occurred in an institutional setting strictly limited to medical and mental health practitioners and other staff as necessary to inform treatment plans and security management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by Federal, State, or local law? ☒ Yes ☐ No

#### 115.381 (d)

- Do medical and mental health practitioners obtain informed consent from residents before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the resident is under the age of 18? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)



## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Intake Screening for Potential Sexual Aggressive Behavior and/or Sexual Victimization (Sample Size – 4)

*115.381 (a)-1 All residents at this facility who have disclosed any prior sexual victimization during a screening pursuant to §115.341 are offered a follow-up meeting with a medical or mental health practitioner.*

### (m) Medical and Mental Care.

#### (1) Medical and Mental Health Screenings; History of Sexual Abuse.

(A) Regardless of the results of the screening in subsection (h)(1) of this section, TJJD offers all youth an appointment with a medical and mental health practitioner within 14 days after the intake screening.

(B) Any information obtained related to sexual victimization or abusiveness that occurred in an institutional setting must be strictly limited to medical and mental health practitioners and other staff, as necessary, to inform treatment plans and security and management decisions, including housing, bed, work, education, and program assignments, or as otherwise required by law.

(C) Medical and mental health practitioners must obtain informed consent from youth before reporting information about prior sexual victimization that did not occur in an institutional setting, unless the youth is under the age of 18.

### Interviews:

- Medical & Mental Health Staff

Residents with a history of sexual victimization, which have been identified through the intake process should be referred to the mental health practitioner as soon as possible but no later than 14 days. In the past 12 months one hundred percent (100%) of youth who disclosed prior victimization during screening were offered a follow-up meeting with a mental health practitioner. All new intakes regardless if there is a history of sexual abuse will meet with the facility mental health practitioner to determine if there are any needs that need to be addressed.

### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding medical and mental health screenings; history of sexual abuse. No corrective action is required.

## **Standard 115.382: Access to emergency medical and mental health services**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.382 (a)**

- Do resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment? ☒ Yes ☐ No

#### **115.382 (b)**

- If no qualified medical or mental health practitioners are on duty at the time a report of recent sexual abuse is made, do staff first responders take preliminary steps to protect the victim pursuant to § 115.362? ☒ Yes ☐ No
- Do staff first responders immediately notify the appropriate medical and mental health practitioners? ☒ Yes ☐ No

#### **115.382 (c)**

- Are resident victims of sexual abuse offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate? ☒ Yes ☐ No

#### **115.382 (d)**

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

### **Auditor Overall Compliance Determination**

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)

☐ **Does Not Meet Standard** (Requires Corrective Action)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Location and List of Free World Hospitals

*115.382 (a)-1 Resident victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services.*

*115.382 (d)-1 Treatment services are provided to every victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident.*

#### **(2) Access to Emergency Medical and Mental Health Services.**

(A) TJJD ensures that youth victims of sexual abuse receive timely, unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment.

(B) If no qualified medical or mental health practitioners are on duty at the time a report of recent abuse is made, staff first responders must take preliminary steps to protect the victim and must immediately notify the appropriate medical and mental health practitioners.

(D) TJJD provides treatment services to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

*115.382 (c)-1 Resident victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.*

(C) TJJD ensures that youth victims of sexual abuse while incarcerated are offered timely information about and timely access to emergency contraception and sexually transmitted infections prophylaxis, in accordance with professionally accepted standards of care, where medically appropriate.

#### Interviews:

- Medical & Mental Health Staff

According to the agency policy, residents will have unimpeded access to health care and a system in place for processing complaints regarding health care. These are communicated orally and in writing to residents upon arrival at the facility and are put in a language clearly understood by the resident. Resident victims of sexual abuse have unimpeded access to emergency medical treatment and crisis intervention services, the nature and scope of which are determined by medical and mental health practitioners according to their professional judgment. The facility did not receive any allegations of sexual abuse; therefore, there are no secondary materials demonstrating a youth received emergency medical treatment or crisis intervention services.

Resident victims of sexual abuse while residing at Edna Tamayo will be offered timely information about and timely access to emergency contraception and treatment for any sexually transmitted infections. Sexual abuse victims will be transported to Valley Baptist Medical Center to receive the appropriate medical care.

Medical and mental health care services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. When a TJJD resident requires medical treatment regardless of the cause there is no cost associated to the resident and the agency will be invoiced and responsible for the associated cost.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding access to emergency medical and mental health services. No corrective action is required.

## **Standard 115.383: Ongoing medical and mental health care for sexual abuse victims and abusers**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.383 (a)**

- Does the facility offer medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility? ☒ Yes ☐ No

#### **115.383 (b)**

- Does the evaluation and treatment of such victims include, as appropriate, follow-up services, treatment plans, and, when necessary, referrals for continued care following their transfer to, or placement in, other facilities, or their release from custody? ☒ Yes ☐ No

#### **115.383 (c)**

- Does the facility provide such victims with medical and mental health services consistent with the community level of care? ☒ Yes ☐ No

#### 115.383 (d)

- Are resident victims of sexually abusive vaginal penetration while incarcerated offered pregnancy tests? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

#### 115.383 (e)

- If pregnancy results from the conduct described in paragraph § 115.383(d), do such victims receive timely and comprehensive information about and timely access to all lawful pregnancy-related medical services? (N/A if “all-male” facility. *Note: in “all-male” facilities, there may be residents who identify as transgender men who may have female genitalia. Auditors should be sure to know whether such individuals may be in the population and whether this provision may apply in specific circumstances.*) ☐ Yes ☐ No ☒ NA

#### 115.383 (f)

- Are resident victims of sexual abuse while incarcerated offered tests for sexually transmitted infections as medically appropriate? ☒ Yes ☐ No

#### 115.383 (g)

- Are treatment services provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising out of the incident? ☒ Yes ☐ No

#### 115.383 (h)

- Does the facility attempt to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offer treatment when deemed appropriate by mental health practitioners? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

**Documentation Reviewed:**

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Policy GAP.380.9195 Pregnancy and Abortion

*115.383 (a)-1 The facility offers medical and mental health evaluation and, as appropriate, treatment to all residents who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.*

*115.383 (d)-1 Female victims of sexually abusive vaginal penetration while incarcerated are offered pregnancy tests. Check NA for all-male facilities.*

*115.383 (e)-1 If pregnancy results from sexual abuse while incarcerated, victims receive timely and comprehensive information about, and timely access to, all lawful pregnancy-related medical services. Check NA for all-male facilities.*

**(3) Ongoing Medical and Mental Health Care for Sexual Abuse Victims and Abusers.**

(A) TJJD offers medical and mental health evaluation and, as appropriate, treatment to all youth who have been victimized by sexual abuse in any prison, jail, lockup, or juvenile facility.

(i) The evaluation and treatment of such victims includes, as appropriate:

(I) follow-up services;

(II) treatment plans; and

(III) referrals for continued care following their transfer to other facilities or their release from custody.

(ii) TJJD provides such victims with medical and mental health services consistent with the community level of care.

(B) TJJD offers pregnancy tests to youth victims of sexually abusive vaginal penetration while incarcerated. If pregnancy results, TJJD ensures the youth is provided timely and comprehensive information about and timely access to all lawful pregnancy-related medical services. See [§380.9195](#) of this title for additional information about services for pregnant youth.

**TJJD Policy GAP.380.9195 Pregnancy and Abortion**

(e) Therapeutic measures may be required in instances of imminent or inevitable abortion, incomplete abortion, or missed abortion. Surgical procedures may be required to terminate the pregnancy to preserve life of the mother. Termination will be allowed as a therapeutic measure when necessary; however, a written documentation of need must be provided by two physicians. Written documentation may be provided by the facility physician and an obstetrician or family practitioner.

*115.383 (f)-1 Resident victims of sexual abuse while incarcerated are offered tests for sexually transmitted infections as medically appropriate.*

(C) TJJD ensures that tests for sexually transmitted infections are offered, as medically appropriate, to youth victims of sexual abuse while incarcerated.

(D) TJJD provides treatment services to a victim of sexual abuse while incarcerated without financial cost and regardless of whether the victim names the abuser or cooperates with any investigation arising from the incident.

*115.383 (h)-1 The facility attempts to conduct a mental health evaluation of all known resident-on-resident abusers within 60 days of learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.*

(D) TJJD attempts to conduct a mental health evaluation of all known youth-on-youth abusers within 60 days after learning of such abuse history and offers treatment when deemed appropriate by mental health practitioners.

#### Interviews:

- Medical & Mental Health Staff

Any resident who is a victim of sexual misconduct will receive medical, crisis intervention, mental health treatment and any type of long-term follow-up care as needed through the Valley Baptist Medical Center. As a TJJD half-way house the facility does not have full-time or part-time medical practitioners. Victims of sexual abuse will be transported to the hospital utilizing appropriate security provisions to receive treatment and to ensure any evidence can be collected by a SANE nurse. The policy requires a mental health evaluation and the appropriate services for sexual abuse victims, including follow-up services, treatment plans and referrals for continued care upon release or transfer to another TJJD facility or agency.

Edna Tamayo is an all-male facility; therefore, the TJJD policy which addresses vaginal penetration does not apply. The facility will ensure the resident receives necessary care, which includes tests for sexually transmitted infections as medically appropriate.

Medical and mental health care services will be provided to the victim without financial cost and regardless of whether the victim names the abuser or cooperates with any investigations arising out of the incident. When a TJJD resident requires medical treatment regardless of the cause there is no cost associated to the resident and the agency will be invoiced and responsible for the associated cost.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding ongoing medical and mental health care for sexual abuse victims and abusers. No corrective action is required.



## DATA COLLECTION AND REVIEW

### Standard 115.386: Sexual abuse incident reviews

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.386 (a)

- Does the facility conduct a sexual abuse incident review at the conclusion of every sexual abuse investigation, including where the allegation has not been substantiated, unless the allegation has been determined to be unfounded? ☒ Yes ☐ No

#### 115.386 (b)

- Does such review ordinarily occur within 30 days of the conclusion of the investigation? ☒ Yes ☐ No

#### 115.386 (c)

- Does the review team include upper-level management officials, with input from line supervisors, investigators, and medical or mental health practitioners? ☒ Yes ☐ No

#### 115.386 (d)

- Does the review team: Consider whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse? ☒ Yes ☐ No
- Does the review team: Consider whether the incident or allegation was motivated by race; ethnicity; gender identity; lesbian, gay, bisexual, transgender, or intersex identification, status, or perceived status; gang affiliation; or other group dynamics at the facility? ☒ Yes ☐ No
- Does the review team: Examine the area in the facility where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse? ☒ Yes ☐ No
- Does the review team: Assess the adequacy of staffing levels in that area during different shifts? ☒ Yes ☐ No
- Does the review team: Assess whether monitoring technology should be deployed or augmented to supplement supervision by staff? ☒ Yes ☐ No
- Does the review team: Prepare a report of its findings, including but not necessarily limited to determinations made pursuant to §§ 115.386(d)(1) - (d)(5), and any recommendations for improvement and submit such report to the facility head and PREA compliance manager? ☒ Yes ☐ No



### 115.386 (e)

- Does the facility implement the recommendations for improvement, or document its reasons for not doing so? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documents Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Sample Sexual Abuse Review Board Reports
- Edna Tamayo Memorandum dated July 2020

*115.386 (a)-1 The facility conducts a sexual abuse incident review at the conclusion of every criminal or administrative sexual abuse investigation, unless the allegation has been determined to be unfounded.*

#### (n) Sexual Abuse Incident Reviews.

(1) TJJD conducts an incident review at the conclusion of every sexual abuse investigation unless the allegation is determined to be unfounded.

(2) Managers, supervisors, investigators, and medical or mental health practitioners participate in the review.

(3) The review team:

(A) considers whether the allegation or investigation indicates a need to change policy or practice to better prevent, detect, or respond to sexual abuse;

(B) considers whether the incident or allegation was motivated by race; ethnicity; gender identity; status or perceived status as lesbian, gay, bisexual, transgender, or intersex; gang affiliation; or was motivated or otherwise caused by other group dynamics at the facility;

(C) examines the area where the incident allegedly occurred to assess whether physical barriers in the area may enable abuse;

(D) assesses the adequacy of staffing levels in that area during different shifts;

(E) assesses whether monitoring technology should be used or enhanced to supplement supervision by staff; and

(F) submits a report of its findings and recommendations to the facility administrator, the local PREA compliance manager, and other appropriate staff members.

(4) The facility where the incident allegedly occurred must implement the review team's recommendations or document its reasons for not doing so.

Edna Tamayo did not receive any case closure notifications as a result of an investigation of sexual abuse or sexual harassment allegation that met the criteria to hold a Sexual Abuse Review Board (SARB) meeting. Given that there were no allegations of sexual abuse the required a SARB Review, the SARB team did not convene in the past 12 months prior to the on-site audit. The SARB team at Edna Tamayo is made up of the Superintendent, Assistant Superintendent/PREA Compliance Manager, Senior Coach, the First Responder who initially received the disclosure, and the criminal and/or administrative Investigator. The facility has a practice of debriefing all critical incidents within 24-hours of an incident. The initial debrief is to assess safety risk and to address immediate concerns. Edna Tamayo will also conduct a SARB meeting at the conclusion of all criminal and administrative sexual abuse investigations, unless said investigation is determined to be unfounded.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding sexual abuse incident reviews. No corrective action is required.

## Standard 115.387: Data collection

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.387 (a)

- Does the agency collect accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions? ☒ Yes ☐ No

#### 115.387 (b)

- Does the agency aggregate the incident-based sexual abuse data at least annually?  
☒ Yes ☐ No

#### 115.387 (c)

- Does the incident-based data include, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the Department of Justice? ☒ Yes ☐ No

#### 115.387 (d)

- Does the agency maintain, review, and collect data as needed from all available incident-based documents, including reports, investigation files, and sexual abuse incident reviews?  
☒ Yes ☐ No

#### 115.387 (e)

- Does the agency also obtain incident-based and aggregated data from every private facility with which it contracts for the confinement of its residents? (N/A if agency does not contract for the confinement of its residents.) ☒ Yes ☐ No ☐ NA

#### 115.387 (f)

- Does the agency, upon request, provide all such data from the previous calendar year to the Department of Justice no later than June 30? (N/A if DOJ has not requested agency data.)  
☐ Yes ☐ No ☒ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- Survey of Sexual Victimization, Summary Form from 2015, 2016, 2017, 2018

*115.387 (a)/(c)-1 The agency collects accurate, uniform data for every allegation of sexual abuse at facilities under its direct control using a standardized instrument and set of definitions.*

**(o) Data Collection and Storage.**

(1) TJJD collects data for every allegation of sexual abuse at TJJD-operated facilities using a standardized instrument and set of definitions and aggregates the data at least once each year. TJJD also maintains, reviews, and collects data as needed from all available incident-based documents, such as reports, investigation files, and sexual abuse incident reviews.

(2) TJJD develops its data collection instrument to include the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence conducted by the U.S. Department of Justice.

(3) TJJD obtains incident-based and aggregate data from each residential facility operating under a contract with TJJD.

(4) TJJD securely retains all sexual abuse data it collects.

TJJD collects accurate, uniform data for every allegation of sexual abuse at the facilities under its control using the IRC incident reports to collect the data associated with PREA incidents. The PREA Incident Review includes, at a minimum, the data necessary to answer all questions from the most recent version of the Survey of Sexual Violence published by the United States Department of Justice. TJJD maintains, reviews, and collects data as needed from all available incident-based documents including reports, investigation files, and sexual abuse incident reviews. The PREA Coordinator stated she would review, collect all of the data including investigative reports and files, identify trends and implement needed corrective action accordingly.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data collection. No corrective action is required.

## **Standard 115.388: Data review for corrective action**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.388 (a)**

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Identifying problem areas? ☒ Yes ☐ No
- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response

policies, practices, and training, including by: Taking corrective action on an ongoing basis?

☒ Yes ☐ No

- Does the agency review data collected and aggregated pursuant to § 115.387 in order to assess and improve the effectiveness of its sexual abuse prevention, detection, and response policies, practices, and training, including by: Preparing an annual report of its findings and corrective actions for each facility, as well as the agency as a whole? ☒ Yes ☐ No

#### 115.388 (b)

- Does the agency's annual report include a comparison of the current year's data and corrective actions with those from prior years and provide an assessment of the agency's progress in addressing sexual abuse ☒ Yes ☐ No

#### 115.388 (c)

- Is the agency's annual report approved by the agency head and made readily available to the public through its website or, if it does not have one, through other means? ☒ Yes ☐ No

#### 115.388 (d)

- Does the agency indicate the nature of the material redacted where it redacts specific material from the reports when publication would present a clear and specific threat to the safety and security of a facility? ☒ Yes ☐ No

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Report from 2015, 2016, 2017, and 2018

**(p) Publication of Sexual Abuse Data.**

(1) TJJD reviews aggregate sexual abuse data to assess and improve the effectiveness of its policies, practices, and training. Following this review, TJJD prepares an annual report of its findings and corrective actions for each facility and the agency as a whole. The report will be posted on the agency's website.

(2) Annually, TJJD posts on its website all aggregated sexual abuse data from TJJD-operated and contracted facilities.

The TJJD PREA Coordinator will review, analyze and use all sexual abuse data, including incident-based and aggregated data, to assess and improve the effectiveness of the agency sexual abuse prevention, detection and response policies, practices and training. The PREA Coordinator will also ensure that all collected data is securely retained. Once the information is collected the PREA Coordinator will submit an annual report with redacted material to the Executive Director for review, approval and publishing the report on the TJJD website. Before making aggregated sexual abuse data publicly available, TJJD will remove all personal identifiers. All PREA administrative and criminal investigation reports are retained for as long as the alleged abuser is incarcerated or employed by the agency, plus five (5) years. TJJD provided the auditor with annual sexual abuse data to demonstrate the information is collected annually; the reports were from 2014 to 2018. The PREA Coordinators practice is to draft the annual report when the agency submits their annual information for the Survey of Sexual Violence, which takes place during the fourth quarter of the year.

**Conclusion:**

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data review for corrective action. No corrective action is required.

## **Standard 115.389: Data storage, publication, and destruction**

### **All Yes/No Questions Must Be Answered by the Auditor to Complete the Report**

#### **115.389 (a)**

- Does the agency ensure that data collected pursuant to § 115.387 are securely retained?  
☒ Yes   ☐ No

#### **115.389 (b)**

- Does the agency make all aggregated sexual abuse data, from facilities under its direct control and private facilities with which it contracts, readily available to the public at least annually through its website or, if it does not have one, through other means? ☒ Yes   ☐ No

#### **115.389 (c)**

- Does the agency remove all personal identifiers before making aggregated sexual abuse data publicly available? ☒ Yes ☐ No

#### 115.389 (d)

- Does the agency maintain sexual abuse data collected pursuant to § 115.387 for at least 10 years after the date of the initial collection, unless Federal, State, or local law requires otherwise? ☒ Yes ☐ No

#### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

#### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

#### Documentation Reviewed:

- Facility PAQ
- TJJD Policy GAP.380.9337 Zero Tolerance for Sexual Abuse, Sexual Activity, and Sexual Harassment
- TJJD Records Retention Schedule

*115.389 (a)-1 The agency ensures that incident-based and aggregate data are securely retained.*

The PREA Coordinator maintains all investigation reports that is derived from the OIG, and the information is secured in a file cabinet. The TJJD annual report as well as the collected data is securely maintained for 10 years.

#### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding data storage, publication, and destruction. No corrective action is required.

## AUDITING AND CORRECTIVE ACTION

### Standard 115.401: Frequency and scope of audits

All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.401 (a)

- During the prior three-year audit period, did the agency ensure that each facility operated by the agency, or by a private organization on behalf of the agency, was audited at least once? (*Note: The response here is purely informational. A "no" response does not impact overall compliance with this standard.*) ☒ Yes ☐ No

#### 115.401 (b)

- Is this the first year of the current audit cycle? (*Note: a "no" response does not impact overall compliance with this standard.*) ☐ Yes ☒ No
- If this is the second year of the current audit cycle, did the agency ensure that at least one-third of each facility type operated by the agency, or by a private organization on behalf of the agency, was audited during the first year of the current audit cycle? (N/A if this is **not** the second year of the current audit cycle.) ☒ Yes ☐ No ☐ NA
- If this is the third year of the current audit cycle, did the agency ensure that at least two-thirds of each facility type operated by the agency, or by a private organization on behalf of the agency, were audited during the first two years of the current audit cycle? (N/A if this is **not** the third year of the current audit cycle.) ☐ Yes ☐ No ☒ NA

#### 115.401 (h)

- Did the auditor have access to, and the ability to observe, all areas of the audited facility? ☒ Yes ☐ No

#### 115.401 (i)

- Was the auditor permitted to request and receive copies of any relevant documents (including electronically stored information)? ☒ Yes ☐ No

#### 115.401 (m)

- Was the auditor permitted to conduct private interviews with residents? ☒ Yes ☐ No

#### 115.401 (n)

- Were residents permitted to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel? ☒ Yes ☐ No



## Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

## Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

TJJD operates five (5) institutional facilities; and six (6) half-way houses throughout the state; Edna Tamayo is one of the half-way house facilities. Edna Tamayo is participating in a PREA audit for the third time, and each audit resulted in a compliance finding. TJJD has not had a request or a requirement from the Department of Justice (DOJ) to complete an expedited audit.

The auditor utilized the Auditor Compliance Tool for guidance on the conduct and contents of the audit. TJJD has demonstrated their continued efforts to comply with the standards and continues to take steps to improve their practices. The audit process involved reviewing all relevant policies, reports, handbooks, training curriculum and supporting documents; as well as conducting staff, contactor/volunteer, and resident interviews. The auditor reviewed documents and records involving information for 12 months prior to the onsite audit.

As a result of the national pandemic the audit was conducted virtually; however, the auditor was allowed to view every area of the facility through the OIS FaceTime. The auditor is sufficiently satisfied that she was able to view every aspect of the facility during the 2-hour tour. During the virtual onsite audit as well as during the report writing phase of the audit, the auditor requested additional documentation to support the auditor's findings and received the documents within days of making the request. All audit material relied upon has been retained by the auditor and will be provided to the DOJ upon request.

Edna Tamayo residents were able to send confidential information or correspondence to the auditor in the same manner as if they were communicating with legal counsel. The auditor did not receive correspondence from any staff member, resident or community member.

### Conclusion:

Based upon the review and analysis of the available evidence, the auditor has determined the facility is in compliance with this standard regarding frequency and scope of audits. No corrective action is required.

## Standard 115.403: Audit contents and findings

### All Yes/No Questions Must Be Answered by the Auditor to Complete the Report

#### 115.403 (f)

- The agency has published on its agency website, if it has one, or has otherwise made publicly available, all Final Audit Reports. The review period is for prior audits completed during the past three years PRECEDING THIS AGENCY AUDIT. The pendency of any agency appeal pursuant to 28 C.F.R. § 115.405 does not excuse noncompliance with this provision. (N/A if there have been no Final Audit Reports issued in the past three years, or in the case of single facility agencies that there has never been a Final Audit Report issued.) ☒ Yes ☐ No ☐ NA

### Auditor Overall Compliance Determination

- ☐ **Exceeds Standard** (*Substantially exceeds requirement of standards*)
- ☒ **Meets Standard** (*Substantial compliance; complies in all material ways with the standard for the relevant review period*)
- ☐ **Does Not Meet Standard** (*Requires Corrective Action*)

### Instructions for Overall Compliance Determination Narrative

*The narrative below must include a comprehensive discussion of all the evidence relied upon in making the compliance or non-compliance determination, the auditor's analysis and reasoning, and the auditor's conclusions. This discussion must also include corrective action recommendations where the facility does not meet the standard. These recommendations must be included in the Final Report, accompanied by information on specific corrective actions taken by the facility.*

TJJD has published all of the final PREA audit reports for all of their correctional and halfway house facilities. The audit reports can be found at: <https://www.tjjd.texas.gov/index.php/doc-library/category/326-audit-reports>

The auditor certifies that no conflict of interest exists with respect to her ability to conduct an audit of any TJJD facility or Edna Tamayo specifically.


## AUDITOR CERTIFICATION

I certify that:

- ☒ The contents of this report are accurate to the best of my knowledge.
- ☒ No conflict of interest exists with respect to my ability to conduct an audit of the agency under review, and
- ☒ I have not included in the final report any personally identifiable information (PII) about any resident or staff member, except where the names of administrative personnel are specifically requested in the report template.

### Auditor Instructions:

Type your full name in the text box below for Auditor Signature. This will function as your official electronic signature. Auditors must deliver their final report to the PREA Resource Center as a searchable PDF format to ensure accessibility to people with disabilities. Save this report document into a PDF format prior to submission.<sup>1</sup> Auditors are not permitted to submit audit reports that have been scanned.<sup>2</sup> See the PREA Auditor Handbook for a full discussion of audit report formatting requirements.



**Auditor Signature**

11-15-2020

**Date**

<sup>1</sup> See additional instructions here: <https://support.office.com/en-us/article/Save-or-convert-to-PDF-d85416c5-7d77-4fd6-a216-6f4bf7c7c110>.

<sup>2</sup> See *PREA Auditor Handbook*, Version 1.0, August 2017; Pages 68-69.